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HANDBOOK FOR PARENTS OF PRESCHOOL BLIND CHILDREN



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A product of the project entitled
Assessment Procedures and Programs for Pre-school Multiply-Handicapped Blind Children

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HANDBOOK
FOR PARENTS OF
PRESCHOOL
BLIND CHILDREN

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INTRODUCTION

The purpose of this study is to investigate the effects of the proposed system on the performance of the system.

The study is organized as follows: Chapter 2 describes the system architecture and the proposed system.

Chapter 3 describes the experimental setup and the results of the experiments.

Chapter 4 describes the conclusions and the future work.

Chapter 5 describes the references.

Chapter 6 describes the appendix.

Chapter 7 describes the bibliography.

Chapter 8 describes the index.

Chapter 9 describes the list of figures.

Chapter 10 describes the list of tables.

Chapter 11 describes the list of abbreviations.

Chapter 12 describes the list of symbols.

PREFACE

In 1972 the Ontario Ministry of Education and several members of the Department of Special Education in the Ontario Institute for Studies in Education (OISE) began informal discussions of problems associated with young blind children. This joint interest resulted, in the years 1973-76, in a series of studies undertaken by the OISE group under contract to the Ministry of Education.

A formal product of the original study was "A Handbook for Parents of Preschool Blind Children" (1974), which was written in an effort to provide these parents with information that was more systematically organized and more detailed than was currently available.

During 1974/75 this initial handbook was distributed in Canada, Britain, and the United States to a large number of parents, field workers, and others with a personal or professional interest in the development of young blind children. Their thoughtful comments, which we gratefully acknowledge, contributed significantly to the development of this revised and expanded version, which was completed early in 1976.

There were many other groups and individuals who facilitated our work. We wish to thank the staff of the CNIB, and especially members of the Children's Department, for bringing us together with many young blind children and their families, and for their continuing interest in our work.

Thanks are also due to the staff and students of the W. Ross Macdonald School, who gave us valuable opportunities to learn about the education of blind children. Our discussions with them contributed greatly to our understanding of a blind child's development.

The writing of this handbook would not have been possible without the participation and cooperation of many blind children and their parents. Through working with the children and through discussion with their parents, we gained a wealth of information as well as a sense of vitality in our work.

Finally, we would like to thank the many preschool teachers who welcomed us as observers of their programs and took the time to discuss with us our common interest in the development of blind children.

The first part of the book is a general introduction to the subject of backscattering. It discusses the basic principles of backscattering, the various types of backscattering, and the factors that influence the backscattering cross-section. The second part of the book is a detailed treatment of the theory of backscattering. It covers the derivation of the backscattering cross-section for a variety of targets, including spheres, cylinders, and plates. The third part of the book is a collection of numerical results for backscattering. It includes plots of the backscattering cross-section versus frequency and angle for various targets. The fourth part of the book is a bibliography of backscattering research. It lists the names of the authors and the titles of the papers. The fifth part of the book is an index. It lists the names of the authors and the titles of the papers. The sixth part of the book is a list of symbols. It defines the symbols used in the book. The seventh part of the book is a list of abbreviations. It defines the abbreviations used in the book. The eighth part of the book is a list of figures. It defines the figures used in the book. The ninth part of the book is a list of tables. It defines the tables used in the book. The tenth part of the book is a list of references. It lists the names of the authors and the titles of the papers.



INTRODUCTION

This handbook is intended to help the parents of a blind child provide him with structured and purposeful guidance in his early years. Although it is addressed to parents, we hope that it will also be of benefit to professional workers who find themselves in regular contact with a blind child — such people as nursery school teachers, public health nurses, and day care workers.

Our discussion and suggestions are not restricted in application to the child who is totally blind. We expect that any parent whose child has a significant visual impairment will find material that is useful. We have included some general information for parents of a multi-handicapped blind child, and many of our suggestions will be applicable to their child. However, we consider that for these parents the principal value of this handbook will be in providing information on the way visual impairment affects the child's development. In chapter 5 we have listed books that offer more specific information on other handicaps.

No book can take the place of cooperative work and discussion between parents and a counsellor who is experienced with young blind children. This handbook, however, can both supplement and suggest ideas for such work, and we recommend that it be used in this way. In any case, we have tried to make it as comprehensive and self-explanatory as possible. Obviously it is impossible for any book to anticipate and deal with every situation and individual; we hope that you will adapt our suggestions in the process of working out your own methods for meeting your child's needs.

We have tried to make each section relatively self-contained so that if you have an immediate practical concern you can refer directly to the relevant section. We have intentionally put the discussion on blindness before the chapters on practical matters, because our practical suggestions are based on our understanding of the effects of blindness on the development of a child.



Chapter 1 REACTIONS TO BLINDNESS

Only parents who have a handicapped child can know the feelings that come with this experience. Our comments are from a different perspective, one we have developed through contact with many parents and through our work with handicapped children. We cannot lessen the intensity of your feelings or provide any easy solutions, but we hope that our comments may help you step back for a moment to consider these feelings and how they affect you and your child.

Parents

In the months following birth the bonds of attachment between parents and child grow. Because the relationship between parents and child is so important, any unexpected development is bound to produce stress. When parents first learn that their child is blind, the impact of the news is overwhelming and brings with it a flood of difficult feelings. Parents may be distressed simply because they have so much unhappy feeling centered on the child. Conflict can arise because parents must struggle with their own grief and confusion while at the same time they are trying to give the child attention and love. Also, one of their earliest concerns is for the child's future; they may have serious doubts about their ability to help him grow to be an independent adult.

These early reactions to having a handicapped child, no matter how unpleasant or disturbing, are usual and normal. Moreover, they will continue to surface from time to time. One mother described it this way: "You really do re-handle the feelings you've experienced. I think it's unrealistic to say you're not going to feel despondent, or despair. I've had a professional person say, 'You should be over those feelings by now.' Okay, I am, but I still have them and I have to handle them again, even though it's done in a different way from my initial reactions."

It takes time to put these feelings in perspective. Some parents may find it helpful to talk about their feelings with members of their family or close friends. They may also wish to discuss their experiences with a counsellor or with other parents of handicapped children.

Talking about feelings is only part of the process of putting them into perspective. As parents begin to know their child as an individual, interact with him, observe his accomplishments, and realize that they can help, the intensity of their unhappy feelings about the handicap diminishes. There is less time and less room for unhappiness when the needs of the child are being met.

Family Life

Since any unexpected changes may produce stress, it is not surprising that the extra time and attention required by a blind child place some strain on family life. This strain affects the way the family functions not only as a group but also as individuals. Daily routines such as shopping, meals, and dressing become more complicated and time-consuming. Other activities such as eating out, visiting friends, and going on weekend trips need extra planning and preparation.

The fact that a child is blind may influence many of his parents' plans, such as the type and location of the home, career decisions, and choice of recreation.

Any modification of plans can be a source of tension between husband and wife, and it is only realistic to anticipate that there will be difficulties that must be faced.

Brothers and sisters may receive a little less attention from their parents. Since children have a strong sense of what is “fair,” parents need to be sensitive to the situation and try to maintain a balance between the time and energy they devote to their handicapped child and to their other children. Having a special time with parents is important for every child, but particularly so for the brothers and sisters of a handicapped child.

If the handicapped child is expected to do all that he is capable of in terms of self-care and sharing in household chores, balance in family life is maintained and the child is a “regular” family member. A mother’s story clearly illustrates this point:

“Carol has been completely self-sufficient toileting for such a long time. Well, she sat in the downstairs powder room yelling for me one evening, and I had just sat down. Well, I went in anyway and asked what was the matter. Well, she’d like me to clean her. And I said, ‘You’ve got to be kidding.’ ‘No, I can’t do it myself.’ And I said, ‘You certainly can, there’s no reason why you shouldn’t.’ ‘Well, if I do all those things for myself, I’m just like any one of the other kids around this house.’ ”

The daily interaction between brothers and sisters — sharing chores, playing, quarrelling — is part of growing up in a family. These experiences are particularly valuable for a handicapped child. If normal contacts between the children are encouraged and brothers and sisters are not pressured into paying attention to the handicapped child, they are more likely to include him in their activities.

You will find that other people need considerable help in learning about blindness and what it means to be blind. Your other children may be the first people who need this help. Brothers and sisters of a handicapped child sometimes have difficulty with their own feelings toward him. Because children tend to be so conscious of difference, they may experience shame or embarrassment, especially when other children ask questions or tease them. They will need your encouragement to work out their own feelings, even if they are reluctant at first to mention them to you, and they will certainly need your support in coping with any pressures from their friends or acquaintances. Talking with you will make these feelings seem less overwhelming.

Relatives

Relatives, especially close ones, often react strongly to the news that there is now a handicapped child in the family. They are upset in various ways — for the child, the parents, or even themselves. One mother described her experience: “Now, my mother was pretty good, she tried to be extremely good, but it was breaking her heart, and every time I saw her it broke my heart. And I suddenly realized that as a parent, not only do I have to cope with my kid, but I’ve got to cope with all my relatives. I’ve got to teach them that she is just a little girl — all right, so she

doesn't see like everyone else and things for her are a little different, but she lives in our world and there's not *that* much different about her."

With some handicapped children there *are* obvious differences, and relatives will be uncomfortable. They are not sure how to act, but they will usually take their cue from watching the child's parents.

At times relatives may be pessimistic about the blind child, and parents may find this attitude discouraging. One parent told us, "Even if you accept your child totally, but your relatives don't, that's going to put you down. If they have this attitude that things are going badly, you'll find yourself going down. You know, because your family, your brothers and sisters and so on, are an important part of yourself, and I really think they should be educated as to what's going on."

If you can maintain a realistic attitude about your child, you can help relatives to understand his abilities as well as the limitations that result from his handicap.

Relatives may also be overprotective toward the blind child. This can be very frustrating when you are trying to build up his confidence and independence. A mother who was concerned with this problem said, "I find that my family keep telling Mary to be careful, to watch out for the table, things like that. It's not really necessary, so I'm working on that now. I think they really hold her back by acting that way, and until you teach them what you want your child to learn, you're going to go backwards with your child." You may have to encourage the relatives to let the child do things for himself as much as possible, even if he has an occasional bump or fall. Of course, as another mother pointed out, relatives often tend to spoil any child who is not their own, and to an extent you have to accept that they are going to do this with a blind child as well.

The Community

As your child grows, he will come into contact with more people and you will become increasingly aware of the range of reactions to a child with a handicap. Since most people have never met a blind child, they are worried that they might say or do the wrong thing. Most of the following unpleasant or unhelpful reactions of friends or strangers result from this lack of experience.

Overprotectiveness

This is a very common reaction, not only among relatives but also among friends and even strangers. As one parent said, "They don't understand the handicap and constantly say things like 'Oh, watch out, look out, sit over here, be careful,' and Jane gets so agitated and frustrated."

Pity

Another parent's story illustrates this type of situation well. "When Karen was about 1½ years old, I was shopping for a carpet and I went into a store and she was in a stroller. This elderly salesman came over and started talking to her. He was standing in front of her and she's looking everywhere. She never once

zeroed in on him and he's trying to talk to her and he's looking at her and he's looking at me, and finally I said to this man, 'This is Karen, but she doesn't see.' And he looked at me and said, 'She doesn't see?' And I said, 'No, she's blind,' and the tears started streaming down his face – and I stood there and was just about flattened, you know?"

Avoidance

You may find that friends of the family stop visiting so frequently or make it clear that they are uncomfortable with your child. Occasionally a family may go so far as to indicate that they do not want their child to play with yours.

Curiosity

Strangers frequently react to a handicapped child with open curiosity, staring or asking questions that, however well intended, may be irritating, embarrassing, or painful. Numerous parents have told us about being stopped in a store or on the subway by complete strangers who asked: "Won't glasses help?" "Why has he got those scars?" "Why are you carrying such a big baby?" "Why does he poke his eye?"

These situations are not easy to deal with, and just the fact of having to deal with them so often can be very irritating and depressing. As Mrs. White said, "You're always going through life explaining your child, your feelings, your decisions. And it's difficult because of the dynamics of the situation. You have to decide how much is necessary for the person to know and how much you can say in front of the child without damaging his self-image and so on."

Most of the parents we have spoken with have tried to answer strangers' questions. They have also tried to put friends at ease by showing them what to expect by the way they handle their child and by explaining his abilities and limitations. Each family develops the approaches that work best for them. One mother told us that she now encourages her 4-year-old daughter to answer friends' questions, such as "How does she find her way around?"

Whatever approaches you adopt, they are not likely to be successful with all people on all occasions. Some people will seem never to learn how to treat your child. Nevertheless, any positive way of dealing with people's reactions to your child will increase the likelihood that they will come to understand him and accept him on his own terms.

Professionals

A parent with a handicapped child is certain to have more contact with doctors, therapists, psychologists, and counsellors than most parents. The parent-professional relationship needs to be based on mutual understanding and respect to ensure maximum benefit for both child and family. Unfortunately, to judge by reports of both parents and professionals, this is frequently not the case. These are some of the complaints that we have heard from parents:

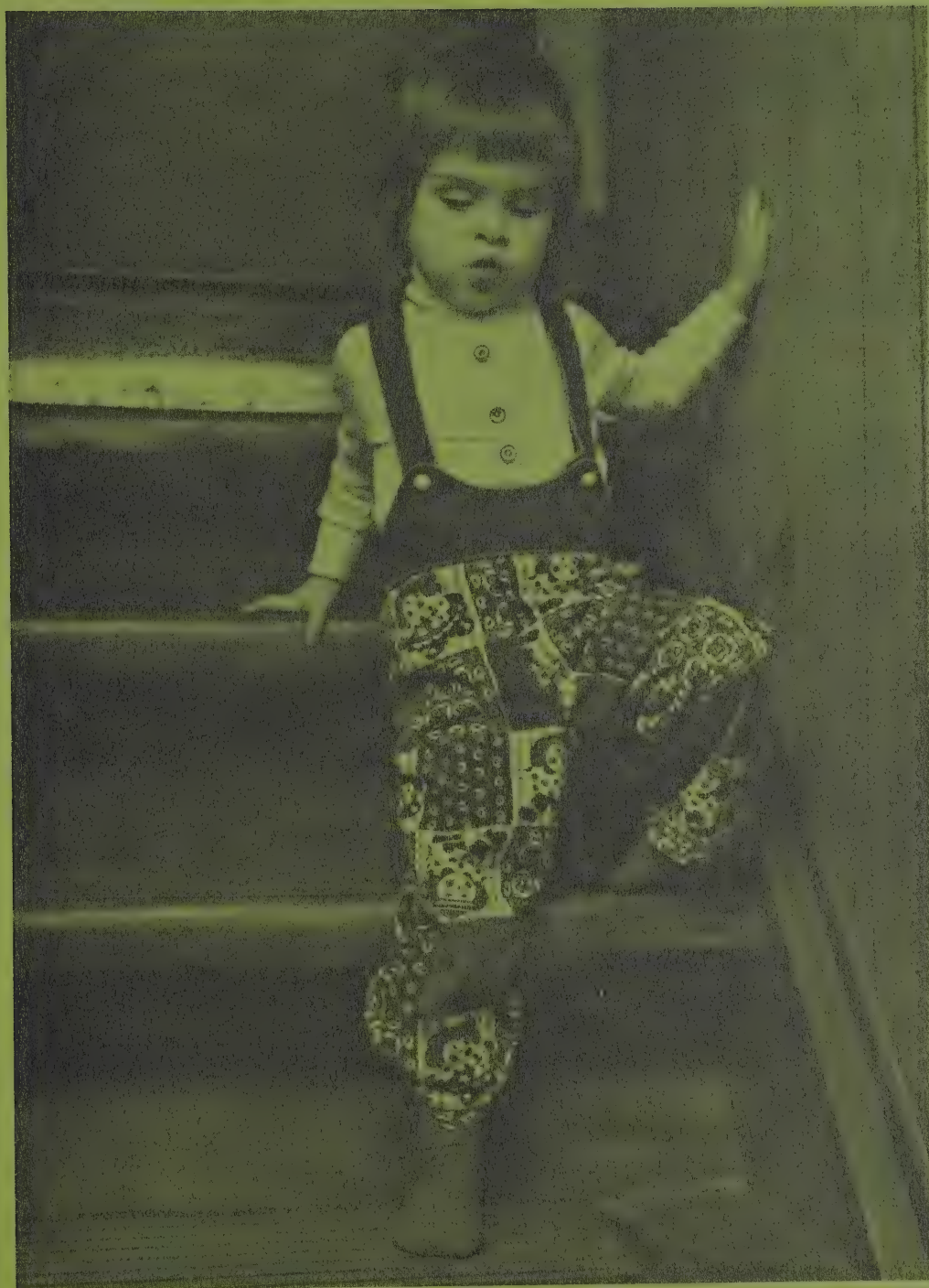
- Doctors delay or seem to avoid telling parents that there is something wrong with their child, or else give this news in an abrupt, insensitive manner.

- Doctors and other professionals give differing statements about the child's development or give different, even conflicting, advice.
- Professional advice is offered as if it were a favour rather than a service to which one is entitled.

There may be many causes for such dissatisfactions:

- Frequently parents expect too much from professionals. Social workers, doctors, and other professionals vary like anyone else in experience, knowledge, understanding, personal attitudes, and skills in dealing with people. Your child may well be the first blind child your doctor or psychologist has seen since his initial training. Even the ophthalmologist, who has wider experience with visually limited children, may be unable to answer your questions — for example, if your child's eye condition has not yet stabilized.
- Professional statements are *opinions* and should be treated as such, especially when they concern the behaviour, development, and intelligence of any young child. If, after discussion, you still find yourself disagreeing strongly with the opinions of your professional adviser, you should seek a second opinion.
- Parents are sometimes too distressed and shocked to understand a professional's diagnosis and may appear to him unreasonably demanding or resentful as a result. Several parents have told us that at the time of the diagnosis of their child's eye condition, they were not prepared to admit that their child was definitely and irreversibly blind. They did not even consider registering their child with the Canadian National Institute for the Blind or asking for the help of a preschool counsellor.

Negative attitudes on the part of parents toward professionals and on the part of professionals toward parents are often difficult to resolve. Nevertheless, if a relationship can be formed in which dissatisfactions and disagreements are frankly stated and discussed, there is a better chance that misunderstandings will be avoided and the interests of the child safeguarded.



Chapter 2 UNDERSTANDING BLINDNESS

Although we refer throughout this handbook to blindness as if it were a single condition, this term covers a range of visual impairment. In the first section of this chapter, “What Is Blindness?,” we will discuss different degrees and different kinds of visual handicap. We will also point out some of the implications of these differences for how your child will function.

Another aspect of blindness that is important to understand is the way in which the development of a blind child differs from that of a sighted child. We have called this second section “From Theory to Practice,” since we believe that a theory, or how you understand your child, is inseparable from practice, or what you do with your child. Our understanding of blindness, which we present in this chapter, is the basis for our practical suggestions, which follow in the next chapter.

What Is Blindness?

The term “blind children” is sometimes used as if all of these children had exactly the same visual handicap. In fact, many people believe that the term “blind” means no sight at all. However, there is a range of visual impairment among the blind, and this can be very confusing without some explanation.

In Canada a person is considered “legally blind” if “the visual acuity in both eyes with proper refractive lenses is 20/200 (6/60) or less with the Snellen chart or equivalent, or if the greatest diameter of the field of vision in both eyes is less than twenty degrees” (Blind Persons Act, Blind Persons Regulations, 1962, Ottawa). In less technical language, this means that a person is considered blind if, when wearing glasses or contact lenses, he can only see at a distance of 20 feet or less those things that a person with normal eyesight can see at a distance of 200 feet. The second part of the definition, “field of vision,” refers to how much a person can see without turning his head. People see not only what is directly in front of them but also what is on either side of them. If a person’s field of vision in both eyes is limited to an angle of less than 20 degrees, then he is considered blind.

The purpose of the definition of blindness is primarily a legal and economic one. It distinguishes who is eligible for certain government concessions (for example, for travel); it also provides guidelines for groups such as the CNIB in defining whom they serve.

Since this definition is necessarily broad in its scope, it includes people with a range of visual impairment:

- Those who are *totally blind* do not see at all, and cannot distinguish light from dark.
- Those with *light perception* can distinguish light from dark.
- Those who have *form or motion perception* can see shapes or movements within a distance of a few feet.
- Those with *guiding vision* have sufficient sight to aid them in moving about.

Even within these categories there may be differences. For example, a person may have *peripheral vision*, that is, the ability to perceive motion, colours, and

shapes only outside the direct line of vision. Another person may have *tunnel vision*, which means that he can see only a small area at the centre of the visual field, as though he were looking through a tunnel.

There is a major difficulty with definitions and descriptions of blindness in that they refer only to *visual acuity*. Acuity is a measured capacity for vision, and does not refer to the use a person makes of what vision he has, which is *visual performance*. It is possible for people who are “legally blind” to use what sight they have more effectively than people who, although visually impaired, have sufficient sight to exclude them from the category of legally blind. There are probably a variety of reasons for differences in visual performance, including intellectual and personality factors, motivation, and age when blindness occurred. The important point is that it is as useful to talk about visual performance (used vision) as about formally measured visual acuity (usable vision). This is particularly so with young children, since in the early years it is very difficult to determine the precise extent of visual impairment.

Another difference among blind children is the age at which blindness occurred. The child who has been visually impaired since birth will develop somewhat differently from the child who loses his sight after the age of 5. The age when visual impairment occurs is important, since there is evidence that children who become blind before 5 years of age do not retain any useful visual imagery. In other words, it seems that even if they had sight for a few years, they do not retain “mental pictures” of what they saw. However, they may find certain words, such as colour names, more meaningful than the child who has never had sight. Children who lose their sight after 5 years of age may retain some kind of visual impression of the world. This memory of visual experience is useful in understanding shape, size, and spatial relationships and in moving about.

Many parents have mentioned that they are sure they would be able to help their children more if they could only understand what it is like to be blind. However, it is not possible for anyone with sight to duplicate the experience of blindness. Because you can see, even when you close your eyes you are still organizing your surroundings and actions in terms of images based on your sight. As you try to move around with your eyes shut, you can visualize what the room looks like and how the furniture is arranged. When you hear sounds, you can visualize the source of those sounds. Nevertheless, it is possible to share some of the experiences of a totally blind child by blindfolding yourself and trying to carry on your normal activities. Some parents have reported that they have found this technique very helpful for giving them a sense of such things as the importance of sound and touch and the need to remember the way objects are organized in space.

You can gain some understanding of the degrees and kinds of visual impairments by using a mask or adapting a pair of glasses. For example, you can get an idea of what it is like to have light perception by wearing a mask of several layers of waxed paper. You would have peripheral vision if you covered the

lenses of a pair of glasses with paper so that you could see only out of the sides of the glasses. You would get some sense of tunnel vision by wearing a mask that only has pin holes for seeing through.

From Theory to Practice

As we indicated at the beginning of this chapter, we believe that an understanding of children must be the basis for what we do with them. You know far more about children than you think you do. You know your own child's strengths and weaknesses, his fears and pleasures, his likes and dislikes, his habits, and even his goals. Only your day-to-day contact provides this knowledge and builds a total picture of your particular child, a picture that helps you predict how he will behave.

If a number of parents were to meet and share their knowledge, the discussion could probably result in a book on child development. The perspectives brought forward in any group of parents often reveal broad patterns in the way children develop. For example, shared experiences with their preschool children would reveal that most children walk between 9 and 15 months, begin to talk after they are a year old, at 2 are "stubborn" and trying to be independent in dressing and eating, and at 3 are somewhat hesitant about separating from their parents. Shared experiences would also show that there are differences in the exact times that different children acquire new skills and that there are variations in the particular style with which they deal with their world.

Many parents do not realize how much they already know about children and may not recognize the value of sharing experiences with other parents. Nevertheless, these shared experiences can give parents some distance from their own child, a distance that provides an opportunity to be objective. While it is not possible or desirable for any parents to be objective about their child all of the time, once in a while it helps to step back and generally evaluate his progress and his future.

Other parents are not the only source of general information about children. Articles, books, and professional people (psychologists, counsellors, pediatricians) can also broaden the parents' understanding. These outside opinions are most useful when they are combined with the parents' personal knowledge of their own child.

Since you have a handicapped child, your sources of information are more likely to be limited to professional people, and greater numbers of professionals than usual. There are fewer parents in a similar situation, and you may have less time available to talk with each other about your children. Yet you have a greater need to understand your child and the effects of his handicap in order to communicate with the professionals and make the best use of their advice.

During our study of young blind children, we have consulted with many people — both parents and professionals. Also, we have made use of a wide range of books and articles on general child development and on blindness. In this

Child gains information through touching and manipulating.



section we have combined what we have found with our own views in order to present our understanding of how blind children develop. We hope that this view will allow you to step back from your child, consider some general ideas, and incorporate some of these ideas into what you already know.

There are important differences between being sighted and being blind, and therefore differences between you and your child. We are all unique, and it is important to acknowledge that there are differences and try to understand them. With a blind child, the differences are more obvious and more difficult to understand. But the first thing that must be understood is that he is a *total child* — not a child who is missing a part, but simply a very special child.

Your child's contact with the world is not through vision: it is made through his other senses. This means that much of the information that sight would otherwise provide so easily must be acquired in different ways. There is no doubt that these other ways are not automatically as efficient.

For example, imagine an ordinary occurrence: You walk from the kitchen to the living room where your child is playing with a ball; the ball has rolled under a chair, and so you pull the chair out to look for it. The telephone rings and you leave to answer it. Then you open the front door to let in the dog, who bounds into the living room, brushing against your child's leg, grabs the child's ball, and runs out of the living room.

Vision puts these experiences together so automatically that it is difficult to realize that there are parts. Without the information provided by sight, the scene we described is more likely to be experienced as disjointed and confusing impressions of sound, touch, and smell. This is not to say that your child cannot put these impressions together, but the process is more difficult and he requires your help.

At the same time, it must be recognized that without vision the world is less inviting; therefore, your child is less likely to be interested in what happens around him. This means that you must be aware of his need for stimulation as well as his need for explanations. Surroundings, people, pets, and toys are not as immediately enticing, and he may not be attracted by them or may quickly lose interest. He has a less automatic link to the world and will require help to establish and maintain one.

Most of these difficulties are not obvious in the early months. In fact, studies of blind children have shown that milestones such as sitting and standing usually occur at the expected times if there are no other handicaps. However, there are often delays in reaching, crawling, and walking. These delays can be explained by the lack of motivation: the blind child has less reason to move.

Blind children are often described as having been "good" babies, babies who would allow any amount of handling or who would lie contentedly in their cribs for hours. At a later age, they are often content to listen to records or television for extended periods of time to the exclusion of more active pastimes. Such passivity is an important indication that the children are not receiving enough stimulation and require someone to intervene, to step in and redirect them toward activity.

The easiest type of intervention seems to be through language. We talk to children to get them involved. We say, "No more music now; come in the kitchen with Mummy and help me get supper ready. Let's peel the carrots, and put them on the stove to cook." However, while there is nothing wrong with using language to stimulate your child, language is not enough. Words alone cannot provide enough experience. He needs to learn through touch and smell and taste, and *only then* can language help him put together the information he receives through his senses.

There are words in our language, such as colour words, that will never be tied directly to his experience. On the other hand, he has experiences of smell and touch that will never find expression in our language. The important point is that his language be linked as closely as possible to his experience. For example, when you talk about cooking carrots, you need to keep in mind how many different things there are to know: that raw and cooked carrots are different in texture; that whole and cut-up carrots are different in shape; that you can eat carrots with your hands when they are raw, but must use a fork when they are cooked; and even that you might use one outside as a snowman's nose. And finally, you need to tell him the colour, even though this information cannot be directly experienced by him.

The need for a variety of experiences can only be met with your help. This is true for all children, but it is crucial with a blind child. He must be more dependent on you while you help him learn how to be independent. This is not an insoluble problem, but one that requires some thought and some planning.

Within his world, a certain amount of structure and consistency is important. If he can easily find his clothes and toys, because they are kept in a specific place, he is less likely to become frustrated and at the same time better able to initiate his own activities. This does not mean that everything in the entire house must always be kept in the same place, but that it will be easier for your child to create some order in his mind if his world is structured in a reasonably orderly fashion by you.

Your child will also need your support to explore his world independently. For you this may mean conquering your own fears for him and encouraging him to become part of a wider environment than his home. Playing with other children in the back yard and at other houses is an important aspect of learning to be independent and developing social skills.

All experiences will have a greater impact on your child if you are available to relate them to what he already knows. As a parent, you are in the best position to help your child tie his experiences together because you have been with him from the beginning. For example, his past experience of the size of a car can be the starting point for an answer to a question about buses. If he has had the opportunity to walk around the car and explore it thoroughly, inside and out, you can build on this experience to describe the size and function of a bus. If he hasn't been on a bus, but has only heard the loud engine noise; the best way to

build his knowledge is to take him for a ride and let him experience the long aisle, the seats, the bell cord, and the ticket box. Just to talk about buses is not sufficient, but after the direct experience the talk is useful.

At first it may seem to you that raising your blind child is an overwhelming responsibility. Because we have been emphasizing the ways in which you must involve your child in his world, it may seem as if you must explain the world to your child from morning to night. Obviously you must balance his special requirements with your own needs and the needs of the other members of your family. More important for your child, the foundation of his development must be his own direct experience of the world. He will require guidance and sometimes direct intervention in order to get him involved. Your ultimate goal is to free him as much as possible from unnecessary dependency and to help him develop the confidence to seek assistance and information when he requires them.



Chapter 3 PRACTICAL SUGGESTIONS

There is much information we could give and numerous practical activities we could suggest to help you promote your child's development. However, we have not included basic child-rearing practices, since there are many books that can provide such information — for example, Selma Fraiberg's *The Magic Years* and Benjamin Spock's *Baby and Child Care*.

The suggestions we have gathered together are more specifically designed for the visually impaired child. They have all been tried out by families with a visually handicapped child and have been found helpful by at least some families. Nevertheless, this does not mean that they are a guaranteed recipe for success. We hope that you will use them as *examples* of procedures that are likely to be useful. Naturally, you will want to add, change, and omit suggestions depending on their appropriateness for your particular child and your family as a whole.

Although all aspects of a child's development are interrelated, with development in one area affecting development in another, we have organized our suggestions under separate "areas of development" to make material easier to find. However, as you read separate sections on physical development, self-care, language, intellectual development, etc., you will need to keep in mind that all of these areas are interconnected. Progress in physical development, for example, is likely to open up opportunities for independence in self-care, which in turn is likely to affect self-esteem, and so on.

Any discussion of child development invariably leads to the question of milestones — their order and the age at which they are reached. In the table (pp. 25–26) are listed major milestones in the development of the non-handicapped child together with estimates of the age at which they are usually reached. In all children development takes place in a series of spurts and stops (which can be quite frustrating to parents), and there is *considerable* variation in the ages at which milestones are reached.

Blind children, even without other handicaps, are usually slower to crawl and walk than sighted children. From their observations of young blind children, Adelson and Fraiberg found that a delay of up to five months in crawling and up to seven months in walking is not uncommon (see chapter 5 for reference). The reason for this is not completely understood, but it is related to the fact that it takes a blind baby longer to realize that there are interesting things "out there" that he can move to and investigate. A sighted child will reach toward an object he has *seen* at 4 to 6 months of age, whereas a blind child usually reaches toward an object he has *heard* at 9 to 12 months.

Blindness, in itself, should not cause major delays in other areas of development. However, there may be lags due to other reasons. Hospitalization, for example, is often accompanied by a lag in a child's development. This may result directly from the child's illness or surgery or simply from his being away from the security and stimulation of home.

Lack of stimulation and limited opportunities for achievement can also result in delayed development. If parents do not expect their child to meet

reasonable demands because of his handicap, he may well be slow in achieving many skills, such as eating, dressing, and toileting.

Additional handicaps can also cause delays or place limits on development in some areas. A child who is both blind and mentally retarded can be expected to pass through basically the same stages of development but at a slower rate. A cerebral palsied child is likely to be slow in physical development and in some cases will be limited in what he can achieve.

However, regardless of the reason for any delays you may observe in your child's development, it is best to assume that growth and learning are possible and to continue to work on that assumption, for many conditions do respond to appropriate training or treatment.

While we were talking with a group of parents, one mother touched on an area of concern to us — that the suggestions we presented might seem to be nothing but work, and not balanced by the rewarding aspects of raising a child. She said that a parent might be overwhelmed by the number of suggestions and feel incapable of doing everything. She pointed out: "You are a parent, you would be a parent whether your child was sighted or blind, and coping with blindness is just one more step. It's not going to be such a totally, completely different life. You're going to raise a child one way or another. So if you have to raise him a little differently, it may be a little harder, but it's not going to be impossible."

Major Milestones in the Development of the Non-handicapped Child

Age	Area of Development			
	Gross Motor	Fine Motor	Language	Personal/Social
3 – 6 months	On stomach lifts head and chest using forearms for support; when hands are grasped, braces shoulders and helps self to sit; fair head control with straight back; only supported sitting.	Plays with fingers, later with toes; holds rattle when placed in hand; uses whole hand to grasp.	Turns to mother's voice; laughs and chuckles; screams with annoyance; vocalizes using singsong vowel sounds.	Takes everything to mouth; friendly with strangers.
6 – 9 months	Sits alone for short periods; propels self on stomach forward and backward; balances on hands and knees for short periods.	Begins to use finger and thumb to pick up small object; stretches to grasp toys; can release toys.	Babbles in long repetitive strings; responds to own name; calls attention to needs and interesting events by pointing and vocalization.	Puts hand to bottle, pats it while feeding; reserved with strangers.
9 – 12 months	Sits unsupported on floor for long periods; crawls on hands and knees; pulls self to standing and walks with support; may stand alone momentarily.	Drops and throws objects deliberately; uses both hands freely; can pick up small objects with ease.		Holds own bottle; finger feeds; tries to grasp spoon; dry after nap.
12 – 15 months	Walks alone, often tumbles; crawls up stairs.		Understands simple instructions; continuous tuneful "conversationlike" jargon to self and others; spontaneous use of single words in correct context.	Uses spoon by self, spills some; chews food; cooperates in dressing by extending an arm or leg; waves goodbye.
15 – 18 months	Walks well; pulls and pushes large toys; can carry toys; climbs into chair and seats himself.	Holds pencil in fist, scribbles; enjoys a book, turns pages several at a time; can stack several blocks on top of one another.		Manages cup well, half full; removes hats, socks, mittens, shoes by self; indicates wet pants; remembers where objects belong; emotionally dependent on mother, but will play alone.

Major Milestones in the Development of the Non-handicapped Child

Age	Area of Development			
	<i>Gross Motor</i>	<i>Fine Motor</i>	<i>Language</i>	<i>Personal/Social</i>
2 years	Walks upstairs, two feet to a step; squats to play with toys; propels self forward on tricycle by pushing on floor with feet.	Can remove wrapping paper from candy; turns pages of book singly; handedness now usually developed.	Understands most simple language; puts two or three words together; talks to self and others when playing; begins to ask questions. Vocabulary extending; speech increasingly understandable to strangers; uses pronouns and prepositions correctly; engages in make-believe play.	Puts on simple garment; uses own name in reference to self; feeds self with spoon; verbalizes toilet needs in time; brushes teeth; brushes hair; plays near but not with other children; constantly demands mother's attention.
3 years	Walks upstairs with alternating feet; rides tricycle with feet on pedals.	Threads large wooden beads; holds pencil well, can copy circle, cross; enjoys painting primitive pictures.		Needs help with buttons and fastenings, otherwise can dress self; dry through night; likes to help adult; plays with other children.
4 years	Climbs ladders, trees, and high playground equipment.	Threads small beads to make necklace; can use pencil well and draws a recognizably human shape.		Takes responsibility for all toileting care; dresses and undresses with little assistance; does up buttons; understands taking turns and sharing; shows concern for younger children.
5 years	Runs up and down stairs; hops on one foot.	Threads large needle; good control in writing; can copy square, triangle; colours pictures neatly.	Speech fully intelligible; uses correct grammar; narrates long stories.	Knows birth date and month; ties shoelaces; dresses without supervision; chooses own friends; protective toward younger children and pets.

Self-Care

Most children at an early age watch parents, brothers, or sisters clean teeth, brush hair, and wash hands, and they then try to copy them. Blind children cannot imitate in the same manner, and so you will need to describe to your child the actions involved and physically guide him through them.

Learning self-care skills in this fashion can be great fun for the child even though it will require patience on your part. Naturally he will need regular opportunities to practise a skill such as combing his hair. At first he will need your assistance, but as he becomes more competent he should be encouraged to try by himself.

As your child becomes increasingly competent in caring for himself in the familiar surroundings of home, you can help him adapt to using these skills in less familiar surroundings such as at grandma's or at a neighbour's. Minor differences – more toothbrushes in the rack, the soap in a different place – can be quite confusing.

As you help him to care for himself, you will need to keep in mind the expectations that neighbours and nursery school teachers have of a growing child and decide whether they are realistic for your child. For example, a child who has no difficulties other than a visual loss can be expected to be toilet trained before kindergarten age, whereas if he is also mentally retarded this might be unrealistic.

In the rest of this chapter we will present techniques that have been found useful in helping young blind children to care for themselves.

Feeding

Drinking

- While baby is using bottle, encourage him to put both hands on it so that he will eventually learn to support it independently.
- Introduce change from breast or bottle to cup in the same way and at the same stage as you would with a sighted baby.
- If baby initially rejects cup, do not force issue, but try again a day or two later.
- A covered “training” cup may be helpful for some children in that it is simpler to use than a regular cup and still accustoms child to something other than a nipple between the lips.
- When using a regular glass or cup, put a small amount of liquid in and teach child to lift carefully and tip slowly.
- Later, child can be taught to put forefinger over edge of cup to see if it is full.

Eating

Before self-feeding can begin, hand-to-mouth coordination needs to be established. This usually develops naturally, but if there are difficulties, games such as making “Indian war whoops” can help develop this skill.

At first she needs
assistance . . .



but with encouragement
tries by herself.



With a small amount in the glass, teach her to lift carefully and tip slowly.



An older child can put her finger over the edge of the glass so as to know when it is full.



Feeding arm can be gently guided from the elbow.



A blind child will generally need more help and direct training in the skills of eating. As with all children, messiness at the beginning is to be expected.

- Encourage finger feeding with appropriate foods, such as cookies, pieces of apple, cheese.
- Permit touching of unfamiliar foods but not continued handling or playing with food.
- Give child spoon to hold while feeding him.
- At an early age encourage child to attempt to feed self with spoon. Initially, use food that will stay easily on the spoon — mashed potatoes, for example. Be sure pieces of food are small enough for the child to handle easily.
- To get correct feeding motion, guide child's feeding hand by placing your hand over child's, scooping food, and bringing spoon up to child's mouth.
- Later, switch to guiding feeding arm from elbow.
- Introduce fork once child is comfortable with spoon.
- When spoon and fork are mastered, teach child to use knife or piece of bread to push food onto spoon or fork.
- Use dish with rim to make self-feeding easier.
- Always place the child's tableware in the same place so that he knows where to find it.
- When the child's plate is placed in front of him, tell him what is on it and where it is — for example, the hamburger is at the top, the peas are at the bottom.

Eating Habits

Appetite and eating habits need not be affected by blindness, but sometimes are for a variety of reasons. Parents and others may give in to the child's whims with regard to food more easily than they would if he were not handicapped, or they may expect slower development because he is blind and may not give him the opportunity to move from one feeding stage to the next. It must be remembered also that the visual appeal of food is not available to the child. Moreover, he may simply not be aware of the range of foods available and may ask for and be given just those familiar to him.

- Present food of different textures, flavours, and temperatures.
- Make sure the child is aware of the different foods available on the table. For instance, tell him if there are apples, bananas, and pears available in the fruit bowl.
- Introduce new foods by giving small amounts, preferably at a meal with his favourite foods.
- Talk about food. Use words such as sweet, sour, spicy.
- Give baby opportunity to chew early.
- Gradually make transitions from baby foods to junior foods to regular table foods at the same age as with any child — that is, when he is physically ready for it. If you wait too long to introduce chewable foods, your child probably will not like them.

- Check any eating problems with doctor in case physical causes are involved; if not, maintain normal family eating habits.
- If for any reason chewing is delayed, the following suggestions may be helpful:
 - Make sure child knows what is involved in chewing; let him feel your jaws as you chew and let him feel his own jaws as you move them up and down.
 - Give him pieces of food that cannot comfortably be swallowed whole – lean meat, apple, parboiled carrots.
 - Place finger in child's mouth and hold food that needs to be chewed between his back teeth. (This prevents his holding it in his cheeks.)
- Once you are reasonably sure that child can chew, cut down on foods that do not require chewing. Also cut down on between-meal snacks to ensure child is hungry at mealtimes.

Mealtimes

Use the feeding routine that suits your family best. Until he learns to feed himself, you may want to feed your child before the rest of the family; however, he should be present at the family meal for social purposes.

- Indicate mealtime by drawing attention to smells, sounds (general kitchen noises), and things to touch (place hands on bottle, dishes, etc.).
- Mealtimes are a good time to expand child's knowledge about food.
 - Tell him where food comes from – for example, that milk comes from cows, apples grow on trees.
 - When he has the same food in different forms (for example, fried eggs instead of scrambled eggs), be sure that he knows that they have the same source but have just been prepared differently.
- Accept spills and accidents at mealtimes, but teach him to help in cleaning up.

Sleeping

Sleep routines are an important way of imposing structure on a young child's day. Without sight, he cannot read the clues of bedtime in the approach of darkness; only a regular sleep schedule and consistent preparation routines can provide this structure.

In Infancy

- If difficulty in establishing sleep patterns occurs, discuss the matter with a doctor or professional worker. Wakefulness at night suggests a change in routine is needed. For a few weeks keep note of the periods when he is awake and asleep. This may help you pinpoint the problem. For instance, it is possible that you are being inconsistent about the times at which the child naps or is put to bed at night.

- Generally avoid using bed as a place for play, so that bed will principally be associated with sleep. However, a music box or soft toy may help child go to sleep.

In Early Childhood

- There may be less need for a long afternoon nap because a blind child's activities are less likely to be as physically strenuous. Nevertheless, try to plan for him a day of activity to promote healthy tiredness.
- Sleep routines in preschool children can be established by consistent and firm handling and by regular preparation routines (for example, quiet play, then bath, then story, and finally to bed).
- Be aware of sounds normally heard at night, such as cats fighting, traffic noise, or owls screeching. Child may notice them at an early age and require explanation.
- Child may express desire for similar nighttime arrangements to sighted brothers and sisters, for instance, a night light. Although they may not serve the same function for him, they can help make him feel part of the family.

Hygiene Routines

Toilet Training

- Follow normal training procedures, but realize that a longer time may be necessary. Do not expect too much too soon. Child will need encouragement, but ultimately you should expect full self-sufficiency.
- Familiarize child with toilet, feel of bowl, tank, handle, etc.
- Start early to accustom child to sound of flushing so that he won't be afraid of it.
- Once bowel movements are occurring at regular times and child can understand verbal explanations, seat him on "potty" or toilet for a minute or two with no toys or other distractions. Accompany routine with explanations, as the child will initially not be aware that he has urinated or had a bowel movement.
- If child seems to accept routine, take him to the toilet at regular intervals – morning, before mealtime, after nap, etc. (At this stage you are still accepting responsibility for toileting. Later child will ask to be taken to toilet and finally will take full responsibility for toileting.)
- Clothing should be easy to manage during training period, for example, slacks or shorts with elastic waists rather than buttons, zippers, or snaps.
- Irregularity may be caused by changes in diet, illness, or separation from home.



Grooming (Washing, Brushing Teeth, Combing Hair)

- Guide child to learn about equipment. Let him
 - feel soap when wet and slippery and when dry.
 - turn taps on and off and feel different water temperatures.
 - feel rate of water entering bath and basin.
 - pull plug, and listen to and feel water draining.
 - feel washcloth and towel, toothbrush, brush and comb, etc.
- Child is ready to learn routines when he shows interest and is able to follow instructions or demonstrations.
- Keep everything in its place so that child knows where to find it.
- Low hooks or towel bar will make it easier for child to reach towels and washcloths unaided.
- Use a consistent order in each routine. For example, for washing face and hands, have child first find washcloth, then put plug in drain, then turn on taps, etc.
- As a safety precaution, teach child to put cold water before hot into basin or bath.
- Use steps or large block in front of wash basin so that child can wash his own hands.
- Stand behind child when teaching him to use washcloth, towel, toothbrush, etc., as it is easier to guide his hands from this position.
- Child will have to be shown how to rinse out mouth after cleaning teeth. Let him feel your face as you rinse your mouth. Explain what you are doing.
- If there is fear about any of these activities, check possible causes (for instance, soap in eyes, fear of drain, water in ears) and give reassurance.
- If child resists learning, discontinue teaching for a couple of weeks. Then gradually reintroduce.

Dressing

Encourage child to develop independence in dressing as soon as possible. It is useful for the child to have acquired dressing and undressing skills before he starts school.

- As soon as possible, encourage child to participate. Child is ready for training in *undressing* when he cooperates by holding arms up or pulls his own socks off. When simplest *undressing* skills are mastered, begin training in *dressing*.
- Training sequence involves parent demonstrating and explaining; later child assists; finally child achieves independence.
- Begin with clothing that is easy to put on, for instance, underpants, slacks and skirts with elastic at the waist.



- When child has mastered putting on simple articles, move to more difficult tasks, for instance, putting shirts and sweaters over head, doing up zippers and buttons.
- When teaching how to do up buttons, start with garments with large ones. Show child how to match up buttons and buttonholes by starting from the bottom.
- Always accompany dressing with a description of the activity.
- It may be easier for a young child to put on coat and snowsuit if he lays them on the floor and climbs in.
- Teach child where clothing is kept and the use of drawers, hooks, coat-hangers, etc. Encourage child to get his own clothes out and put them away.
- By use of tags, textures, seams, buttons, etc., help child develop unique clues to
 - recognize garments. For example, the rough-textured slacks are his “good” ones; the smooth ones with the metal buttons are jeans and can be worn for playing outside.
 - tell colours and match outfits. For example, the sweater with the cable pattern is red and looks nice with the blue corduroy slacks but not with the orange skirt with the buttons down the front.
 - differentiate front from back. For example, all the shirts have buttons down the front, but the fuzzy sweater has three buttons at the back of the neck.
 - differentiate inside from outside. For example, the rough side of a seam is on the inside of clothes.
 - identify pairs of socks, shoes, gloves. For example, there is a tag in the black gloves but not in the brown ones.
- Let child select clothes to wear when he is able. This helps to make dressing enjoyable.
- Dressing a doll can help child learn about articles of clothing.
- Playing “dressing up” can help child learn dressing skills in an enjoyable way.
- Use dressing as an opportunity for teaching body parts and the concepts of right and left.

Physical Development and Mobility

Positioning baby over knee for play encourages head control and taking weight on arms.



Parents follow their child's physical development with great interest, and accomplishments such as his first independent steps are greeted with excitement and approval. As he passes through the sequence of physical development, a helpless and totally dependent infant soon becomes an active child. However, we may fail to realize that this development is a complex process.

What is this developmental sequence? For each child there will be variations in the age at which particular activities, such as crawling or standing, are mastered. However, the *sequence* of physical development follows a predictable pattern that gives us an idea of what to expect.

Early in his life a baby begins to lift and turn his head while lying on his stomach. With the beginning of head control, the baby also starts to extend his arms and use them for support. At first he will only support his upper body as he lies on his stomach, but later he will push all the way up to a sitting or crawling position.

The combination of head control and arm support gives the child the first elements of balance. As his balance improves, he becomes able to assume a sitting position. He will now use his hands and arms for support while sitting until he is able to control his body well enough to free his arms and hands for other activities.

At the same time that he begins sitting up, the child may start moving on his stomach by pushing himself backwards and forwards with his arms. This movement will lead naturally to crawling on hands and knees.

Once the child is secure in a sitting position, he can pull himself to a standing position, and then start to walk holding onto furniture. Independent standing and walking will begin when he is able to maintain balance by adjusting his body. Later, the child will be ready to try more advanced movements such as climbing, running, jumping, and hopping.

Through careful observation, you can keep track of how your child is progressing. If you feel that he is experiencing an unusual delay in his physical development, you may wish to consult your doctor, who can refer you to a specialist if necessary. It is important to remember that a blind child may take longer to begin to crawl or walk. Since he is not attracted to his environment in the same way or to the same extent as a sighted child, he may be less motivated to move about and explore. The suggestions for activities that follow are intended to encourage physical activity in a blind child who is experiencing difficulties.

Head Control

Head control is an important aspect of physical development, since it is necessary for the balance involved in sitting, crawling, standing, and walking.

- When holding baby, talk with your cheek next to his to encourage him to raise his head.
- When baby is lying on his stomach, encourage him to turn his head to either side by attracting him with your voice or an interesting sound, such as his favourite rattle.
- Place child lying on his stomach over a pillow or over your knee, and stimulate him to lift his head by stroking or tickling the back of his neck.
- While in this position, encourage him to lift his head by gently raising one shoulder at a time. This will also stimulate him to support his weight on his arms.
- In the same position, attract child's attention with a sound toy, just in front of him, so that he can play in this position once he is able to take weight on his arms.
- Place child on his back with his head on a cushion or your knee, and encourage him to reach forward with both arms to play with his toes or a toy.

Rolling

- When he is lying on his back or stomach, stimulate baby to turn his head by attracting his attention to a toy or your voice.
- To encourage rolling from back to stomach,
 - place baby's head on your knee or a pillow, then hold one arm up beside head and roll head over this arm toward the floor; hips and opposite arm will follow.
 - roll one leg over the other, rolling the baby's hips, and his head will follow.

Sitting

- To help your child come up to sitting from lying on his back, gently pull him up by one arm, encouraging him to push up with other arm.
- To develop confidence in sitting without support, place child in corner on floor for play.
- When child has achieved independent sitting position, balance can be improved if you playfully and gently disturb his position. Gently push him to the side or backwards, but not enough to make him fall over.

Crawling

A blind baby may not crawl, since he has no visual stimulation to move. The importance of crawling is that it gives the child mobility until he learns to walk and improves the flexibility and coordination of all four limbs. Crawling can be encouraged by the following activities.

- Place child in a crawling position so that he gets the feeling of supporting himself on hands and knees. You can sit on the floor and use a leg to support the child in this position, or you can use a towel like a sling under the child's chest.
- While holding child in crawling position, encourage him to play with toys on floor in front of him.
- When child seems to be ready to crawl, you can stimulate him to move by attracting him with your voice or a toy that makes noise. Keep the attraction at floor level so that he has the success of reaching it.

Standing and Walking

Even before your child can hold a standing position independently, he may enjoy pulling himself up into a standing position for a short time. Once he is able to stand, he will be ready to move holding onto your hand or furniture for support. The following suggestions can help your child learn to stand and walk independently.

- Give child opportunities to play with toys at a low table.
- Encourage child to walk from one person to another a short distance away, using support at first if necessary (for example, a broom handle held by the two people).

- Encourage child to use the bars and rails (or mesh) of his playpen for pulling himself up to a standing position, and for support to practise walking.
- Use a harness to give child support when he is still unsteady. This will improve his balance by freeing his arms.
- Give child opportunities to walk on a variety of surfaces, such as grass, sand, gravel, and snow. Child may be hesitant at first, especially if he has learned to walk indoors.

Advanced Movement Skills

Once your child is walking with confidence, he will also enjoy and benefit from activities that help him learn to run, skip, hop, and jump. Such activities will improve general coordination and develop strength and fitness. Blind children can also learn advanced physical skills such as skating, swimming, and bike riding.

- Encourage running by holding your child's hand and running with him.
- Help child learn to jump by asking him to jump off a low step or block while you hold his hands. Encourage him to bend his knees to get the feel of springing or jumping. As he gains confidence, he can try it himself.
- Teach your child to hop by holding his hands and asking him to stand on one leg, bend his knee, and then bounce up and down.

Hand Strength

Since a blind child does not have visual stimulation, he may not manipulate and play with objects enough to develop hand and wrist strength.

- Encourage play with play dough, finger paints, sponge balls and sponges (water play), pop beads, jars with screw-top lids, and nuts and bolts. (Do not use nuts and bolts if child likes to put objects in his mouth.)
- Play finger games with child, such as "Itsy-Bitsy Spider" and "Where is Thumbkin?"
- Encourage such activities as tug-of-war, "wheelbarrow," and rough and tumble play.

Mobility

Mobility is a person's ability to move about in his environment. For a young child, mobility includes rolling, crawling, walking, etc., and for a physically handicapped child it also includes using a wheelchair, a walker, or any other aids.

The spontaneity, coordination, and ease of your child's physical activity depends very much on practice and the confidence that develops through practice. As your child develops skill and confidence in his physical activity, his mobility will improve and he will feel increasingly relaxed and free in his movement.

- Give child physical assistance when needed (such as holding his hands when he is learning to walk), but remember that too much help may cause him to become too dependent.
- Explain new activities beforehand and guide child physically and verbally during activities when necessary.

Encouraging rolling from
back to stomach.



The corner gives her
confidence in sitting so
that her arms are freed
for play.





Her mother's knee supports her in crawling position.

A sling under the chest
can also be used to hold
child in crawling position.



Play at a low table helps
develop independent
standing.





Rough and tumble play builds strength in hands and arms, as well as simply being fun.

- Remember that your child may need your encouragement and help with an activity many times before he is ready to try it on his own.
- Make sure activity areas are safe, paying particular attention to
 - moving equipment (such as swings, teeter-totters, or merry-go-round).
 - changes in ground level (such as a sudden slope or stairs).
- Be careful not to over-react to minor accidents normally encountered when children play, such as falls or bumps.
- Since the way your child's environment is arranged can have an important influence on the extent of his physical activity, provide a variety of equipment (wagon, tricycle, jungle gym), of sports activities (skating, swimming, etc.), and of settings (park, back yard, neighbour's house).

Body Image and Spatial Orientation

As a young child's development progresses, he learns about his body and its relationship to the world around him. He gradually comes to understand many things:

- He has a body.
- His body has size and weight, and takes up space in the world.
- His body grows and changes.
- His body has different parts that do different things.
- Everyone else has a body.
- Bodies are alike in some ways (everyone has hands, legs, a head, etc.).
- Bodies are different in some ways (size, hair length, colour of hair and eyes, etc.).

As your child learns these things, he develops an awareness of himself, which is referred to as his *body image*. Your child's body image will develop gradually through many experiences, and it will give him an important basis for organizing information about his world. For example, he will be able to compare himself with others. He will notice that he is smaller than you but bigger than the cat. He will discover that although he can move by himself, many things, such as tables or trees, cannot.

Another important result of developing a body image is that your child will now be able to use his body as a reference point as he learns to *orient himself in space*. He can learn, for example, that when his back is toward the kitchen he can turn to his right if he wants to go down the hall and outside, or go straight ahead across the hall to get to the dining room.

Body Image

Experiences that bring your child's attention to his body will improve his body image. A blind child receives limited information about his body, and so you need to be more conscious of occasions when you can help your child focus his attention on his body.

- During bath, dressing, and changing times, name parts of child's body when you touch them, and talk about how they move.
- During other physical activities (play, feeding), talk to child about body parts and their functions. For instance, *hands* hold a rattle, *teeth* are for chewing, a *foot* kicks a ball.
- Use baby clothes and bedding of variously textured materials (corduroy, cotton, flannelette) to give child a variety of sensations.
- Comment on child's physical activities, such as when he plays with his toes, shakes his rattle, etc.
- Encourage child to move his limbs and body to assist in activities such as dressing – "Put your arm in the sleeve."
- Teach and play games that including finding, naming, and moving body parts, for example, "Head and Shoulders, Knees and Toes," "Simon Says, touch your nose, raise your arms, etc."

- Talk to child about other people's bodies and give him some idea about differences and similarities: for example, "Where's your nose? Where's my nose?" "My hand is bigger than your hand." Hands can be held against each other for comparison.
- While he is young, allow child to touch other people's bodies, but remember that as he gets older some people may not accept this.
- Give child opportunities to compare the size of his body with objects or other people (climbing in and out of cardboard boxes, comparing his height with other children or adults, etc.).
- Keep a record of child's height and weight and talk to him about changes in his size.

Spatial Orientation

Spatial orientation does not develop automatically: it is learned by a child through his own activity. Remember that your child can use touch, hearing, and even smell to increase his knowledge of the space around him. You may not often notice such things as sounds and smells around your home, but if you close your eyes for a moment you will probably find many "clues" that you can point out to your child to help him improve his spatial orientation.

- Provide child's crib and playpen with noise toys and variety of textures in fixed locations. For instance, a rattle attached to one end of crib and a piece of fur or wool attached to other end will help him become aware of his location and directions. Toys or mobiles hanging within reach above will also help child learn the meaning of up and down.
- Help child organize the space around him. For instance, when he is learning to walk, help him learn where furniture is placed so that he can move freely in his home without fear of tripping or bumping.
- When child is fully mobile, introduce gradual changes in spatial organization, such as a rearrangement of furniture, and encourage him to discover for himself where things are located.
- Let child arrange his own room as he wants it. This can include location of furniture and places for keeping clothes and toys.
- Teach child how to locate toys he has dropped by searching the area around him. Use directions such as, "Is your doll behind you?" "Did your car go under the chair?"
- Play games that encourage child to position his body in relation to physical environment, such as, "Put your back against the door," "Lie beside the table."
- Draw child's attention to landmarks that he can use to determine his location and that he can identify by sound, touch, or smell – for example, a ticking clock, a particular piece of furniture, the smell of food cooking in the kitchen.
- Help child understand the layout of a room by encouraging him to explore the walls and find doors and windows.

- In new environments (friend's house, store), when possible, encourage child to explore, with you or another adult supervising and providing verbal explanations of size, physical landmarks, possible hazards. If necessary, to avoid overprotective reactions, reassure other adults that child is safe moving about.
- On outings, such as a walk to the store, draw child's attention to sounds (traffic, other people walking) to help him with orientation.
- In conversation and games ("Simon Says," "Mother, May I?") include directional terms, such as up, down; backwards, forwards; in, out.
- Talk about places outside of your home (neighbours' houses, street names, parks, stores) and help child learn about these places and their relative locations.

"Simon says, touch your chin."





“Where’s my ear?”



Climbing into the toy box helps give her an idea of her size compared to the size of the box.

Play

When children play they are doing many things besides simply occupying themselves and having fun. They are also learning a tremendous amount about their world.

Although parents play with their children from time to time and are available to provide assistance and settle arguments, generally they simply give their children playthings and opportunities for play and let them “get on with the job.”

With your blind child the balance will be somewhat different, and you will need to take a more active role in his play. Since toys that are visually interesting will not attract him, you will need to provide him with toys that appeal to him through his other senses — toys with interesting textures, shapes, noises, and so on. However, even then you cannot depend on the toy attracting and holding his attention, because he may still not be aware of the *uses* to which it can be put. You will have to get actively involved and play with your child until you are sure that he knows how to explore toys and discover their possibilities. For example, a toy dump truck may simply appear to your child as an object with wheels that can be spun; with a little direction he will learn that he can push or pull it; with greater explanation of the parts of the truck and how they work, with demonstration and with discussion of the relationship between the toy truck and real ones, he will be more likely to use the toy in imaginative play, taking sand from one place to another.

Early Stages

Since your baby will initially not be aware of toys, you will have to give them to him or keep them so close to him that random movements of arms and legs will bring him in contact with them. Once he has a toy, he will react to it as any baby does, holding, banging, shaking, sucking, or chewing it.

- Provide experience with a variety of toys and with baby games such as “Pat-a-cake,” “This little piggy went to market.”
- Maintain interest by keeping suitable toys within reach. For example, place them on tray of high chair or baby tender, tie to playpen with short (12-inch) string, use suction toys, use crib gym, put toys in baby’s hand.
- Provide opportunities for free activity, without restrictive clothing.
- Provide opportunities for play contact with brothers and sisters.

Later Stages

Your child will now need more teaching, description, and explanation — for example, of how parts of a doll are equivalent to those of a human body.

- Provide opportunities for child to play alone for short periods.
- Watch closely to detect and prevent boredom or meaningless repetitive play; if it occurs, direct child to change of activity.
- Provide many areas for play besides playroom — for instance, the kitchen. In the cupboard keep things child can play with on low shelves (pots, wooden spoons, containers, clothes pegs, etc.). The kitchen sink can be used for water play.

He compares the doll's
toes with his own toes.



The kitchen is an
interesting place to play.





Outdoor Play

Outdoors offers the opportunity for more vigorous and noisy activity. It gives your child the experience of a large space with fewer physical restrictions. It also introduces him to a new environment – new noises, new smells, new objects. The outdoors situation is particularly useful for encouraging play with other children.

- Put emphasis on toys and equipment that encourage activity: for example, slide, jungle gym, sandbox and implements, gardening toys.
- Make the boundaries of play space clear and unmistakable, for instance, by fencing yard.
- Try to have a cleared area in which child can move freely and quickly without fear. Run with child until he is confident.
- Watch to see that child is not sitting inactive in the corner of the yard because he does not know where the swing or the sandbox is. But differentiate this from his simply taking a break at the end of a session of strenuous play.
- Without being overly protective, watch to prevent accidents, especially when child is playing with sighted children. Young children are not usually aware, for example, of the danger to a visually limited child of pushing a swing in his path; they may expect him to duck or move out of the way.

Pastimes

Sports, hobbies, and other interests can give many hours of enjoyment to the older child.

- Keep pets, if child is interested in them and prepared to care for them. They encourage the child to be mobile, they stimulate many senses, and they provide companionship.
- Provide child with opportunities to enjoy music, but be sure that music does not lead child to withdraw and be passive for too long a period. Choose records that stimulate activity – for example, music that can be accompanied by rhythm band instruments, or activity songs that encourage child to follow directions.
- Make child aware of TV programs so that he can, in part, share a sighted child's experience. However, limit his viewing to programs he can understand and that make sense without the picture; wherever necessary, be present to interpret.
- Encourage participation in sports appropriate for the child's age, such as swimming, roller skating, ice skating, and ball games (possible if the ball has a bell or other sound device).

Some Toy Suggestions

Toys Suitable for Infants

- Rattles of many types are available and suitable: weighted, tinkly, wobbly toys; suction rattles; home-made rattles that are crocheted or sewn, with a bell inside; tin or plastic containers with bells, dry macaroni, beans inside. Rattles should be easy to grasp.
- Cuddly toys do not always have the same appeal for blind infants, but you can use a variety of textures and attach bells.
- Squeaky toys.
- Water toys (for bath), suction toys that stick on the edge of the bathtub, containers for pouring and floating all make bath time interesting.
- Musical toys such as wind chimes, tone bells, and music boxes are appropriate for the infant. Exposure to these should be limited, as they may encourage passivity.
- Mobiles are especially useful for the child with sufficient vision to see large coloured moving shapes. They can be made at home from coat hangers, nylon thread, and cardboard shapes of different colours and sizes. For the totally blind child, they should be made of objects that make a sound and hung sufficiently close to crib or playpen that random movements will produce a sound.
- A crib gym can be made by tying a cord across the crib or baby carriage and attaching objects to it – for example, plastic bracelet, bells, and spoons.
- A busy box can be attached to playpen within reach of child.
- Balls can vary in size and in texture, and some can have bells inside. They can be made at home from scraps of material.

Toys Suitable for Toddlers and Preschoolers

- Educational toys assist the child to develop size, shape, and number concepts. Examples of these are nesting toys, stacking toys, a more advanced busy box, sorting and matching materials (such as buttons of different sizes, fabrics of different textures).
- Push-pull toys are helpful to the child who is learning to walk. They should not move or tip easily when the child puts his weight on them in case he falls or becomes frightened. Doll carriages, etc., can be made more stable if they are weighted with telephone books.
- Wheel toys and friction cars that make some sound will be more easily followed.
- A variety of musical toys and rhythm band instruments are available in toy stores, and many can be improvised; for instance, a plastic yogurt or ice cream container, cardboard carton, or tin can be beaten with wooden spoons to serve as a drum. There are records that suggest activities or tell a story or can be accompanied by rhythm band instruments.

- Construction toys — blocks, interlocking building toys, etc. — should be large initially, for fine motor control is difficult without vision.
- Story books can be read to child. “Scratch and smell” books are a fairly recent type of book in which certain of the pictures can be scratched to release the smell of the objects depicted. Texture books can be made by pasting scraps of fabric, aluminum foil, etc., one texture to each page of a scrapbook. The child can feel each page, note differences in textures and designs, and try to remember where he has felt the material before: for instance, the corduroy might be material left over from his overalls.
- Household gadgets with moving parts (egg beater, old clocks, nuts and bolts) can help develop hand skills. Child should be past mouthing stage before being given small objects.
- Large dolls help child learn about body parts, dressing, etc.
- Bean bags should be filled with safe material such as beans or rice rather than polystyrene in case they are chewed. Attaching a bell to them makes them easier to find.
- Many water toys (for use in bath or play at kitchen sink) can be found or made at home: for example, container with holes punched in bottom, plastic bottles cut to make a funnel, various floating and sinking objects.
- Toys and activities to develop hand skills include large peg board, play dough, pop beads, and hammer and nails. Use of hammer and nails will need to be supervised until skill is acquired. Soft material such as old ceiling tiles is easier for beginner to hammer nail into.
- With a what-is-it? box, child takes objects one at a time from box and uses all senses to identify such things as slipper, envelope, soap, orange, macaroni, onion.
- Using crayons and pencils can be made more interesting if a piece of window screening or wire gauze is placed under the page. When child has finished drawing and screen is removed, he will be able to feel where he has drawn because the texture of the paper will be altered.
- With scissors and paper, child can cut fringes, cut around shapes pricked out with a pin, cut along folds, etc.
- Models of animals, house, garage, trees, etc. can be used in imaginative play. Make sure child is aware of differences between model and real object.

Toys Suitable for a Child Confined to Bed

In addition to the toys listed below, many of the toys and activities already mentioned are suitable for a child confined to bed.

Toys can be kept within the child's reach on a tray with a rim or in a set of pockets (such as a shoe bag) attached to side of bed.

- Matching cards can be made by sticking fabric, sandpaper, foil, and other textures to cardboard. Child can try to find all the ones the same as the one you give him, or he can sort them into groups — all the big rough ones in one pile, the small rough ones in another pile, the big smooth ones in a third pile, and so on. Many different games can be played with these cards.

- Simple puzzles.
- Special dominoes with raised dots that are easily felt can be bought from your local CNIB office.

Toys and Equipment Suitable for Outdoors

- Swing, slide, climbing bars, teeter-totter.
- Sandbox, with assortment of containers and tools.
- Tricycle, wagon, kiddie car.
- Wading pool.
- Rocking horse.
- Large blocks of wood and planks for climbing on.
- Roller skates. Some parents have found it simplest to teach roller skating by having the child start off with skate on one foot only.
- Cardboard cartons for climbing in and out of and for building.

Experience with larger construction toys is necessary before skill with these smaller interlocking toys can develop.



Stories are enjoyed by
all children.



Language Development

Language plays a very important role in the life of a blind child. In his early years his direct experiences of the world will be supplemented and expanded by what parents, friends, and teachers tell him. At a later stage he will use other language-based sources of information such as books and tapes. For this reason it is important that the child learns to understand language and to use it meaningfully.

Blindness itself does not delay learning to talk. Most blind children start to talk at about the same age as sighted children, and the words they acquire and use are usually quite similar. However, there are areas in the development of language where blind children may have difficulties.

Meaning

All children learning to talk take a while to learn what various words refer to. For instance, a young child may well call anything with four legs “doggie.” However, when his parents show him a dog and a cow and point out that the cow is a lot bigger, he soon learns to use the word “doggie” correctly.

A visually limited child is likely to have more difficulty than a sighted one in making sense of words and sounds. This is because he cannot see who is talking or what is making a noise, and he cannot see what is being spoken about. Words and sounds can be given meaning by linking them to the child’s own experiences. Even so, it will take him longer to fully understand many words and use them correctly simply because he cannot take in information “at a glance” but has to build it up more slowly from, primarily, touch and sound.

One nursery school child we met had learned about shaking hands in the context of the song “Hokey Pokey,” in which feet, head, and hands are shaken in turn. When, on another occasion, an adult said she was going to shake hands with him, he thought she was rather strange, but obliged by shaking his hands in the air. He was somewhat surprised by her amusement. Misconceptions can even last into adulthood if parents and teachers are not sensitive to the differences in experience between blind and sighted children. A blind woman we spoke with told us that she had only discovered the week before that people cannot see the front and back of themselves simultaneously in a mirror. She had assumed that because she could “see” both the front and back of a person with her hands, that a person could see with a mirror in the same way.

Repetition

When children are learning to talk, they all repeat words and phrases they have heard without fully understanding what they have said. This is a stage through which they pass as they learn that words have meanings and can be used to communicate. If, for some reason, the child does not learn the meaning of these words and phrases (and as noted above this may be more difficult for a visually handicapped child), he may well *repeat* the word or phrase, but it will not be as a means of communication. For example, one child we met was able to give a play-by-play description of a curling match he had heard on TV. However, he did

not do this to tell the adult about the match (in fact, he did not know what ice was or understand the nature of a curling match) but rather to try to maintain the adult's attention.

Personal Pronouns

It takes time for any child to learn to use personal pronouns (I, me, you, he) correctly. However, a blind child frequently has more difficulty than average. This seems to be due in part at least to the fact that it is less obvious to a blind child to whom various pronouns refer. For example, Johnny may well be aware that he is "Johnny" to himself and to others and that his mother is "Mummy," but he is likely to have more difficulty in understanding that he is "you" to others and that they are "you" to him. Requests such as "Johnny wants a cookie" or "You want a cookie" when Johnny wants his mother to bring him a cookie are quite a common feature in the day-to-day conversation of a preschool blind child.

Before Child Talks

A blind child can be helped toward understanding language, and thus toward using it correctly and meaningfully, in the following ways:

- Make sounds meaningful to child by relating them to his experiences. For example, after you shake a rattle, put it in child's hand so that he learns to associate the rattle with the sound it makes. Let him hear his bath water running before he is given a bath.
- Talk to child when feeding, bathing, playing with him. Tell him what you are doing as you do it. He will understand words before he uses them himself.
- Keep meaningless noises and speech (such as background radio and TV) to a minimum so that he does not "tune out" all sounds and will be able to listen for meaningful sounds without confusion.

As Child Learns to Talk

- Make speech necessary. Ask him, "Do you want a drink?" instead of anticipating his need.
- Ask friends to talk directly to your child instead of asking you what he wants.
- Try to understand and expand child's statements. This is sometimes difficult, as adults usually think in visual terms and child's comments may seem obscure (for instance, when child feels dry sponge and says "toast").
- Encourage child to talk and ask questions so that his understanding can be checked and any confusion or mistakes cleared up.
- Explain new words by comparison and detailed description; where possible show child what you are talking about.
- Do not restrict your vocabulary; if only one word is used, for example, *roll* the ball, child may have difficulty with alternatives such as *push* the ball.
- Use pronouns correctly and naturally. For instance, ask, "Do you want a cookie, Tommy?" rather than "Does Tommy want a cookie?"

- Try to avoid situations that expose child to bewildering language – for example, TV programs in which the language is too difficult for him to relate it to his experience.
- If strangers are present, help child distinguish who is speaking and to whom.
- Intangibles such as clouds, colour, or the sun are difficult for a visually limited child to understand. Explanations of these words usually involve comparisons and descriptions of function; for example, “Colour is something people see with their eyes – I can see with my eyes that the ball is coloured red the way you can tell with your fingers it is smooth.” “The sun makes you feel warm.”

Intellectual Development

As a child grows up he learns more and more about his world. He learns what things and people are in his world, what they do, and how he can interact with them. It is as he acquires knowledge and skills of this sort that he gains sufficient control over his world to function in it adequately and to become increasingly independent. For example, a small child does not know what makes a TV set work, and so when it is off he is dependent on an adult to make it work. Later, he learns that there are knobs and dials on it and that if he turns them in a particular way he can make the picture come on. However, he still may not realize that the TV requires a power source; if someone has unplugged the set, he may think that it is broken or that some magic has taken place. Once he has learned that TV sets require power to make them work, he will check the plug when he next runs into difficulties. Thus, as the child's knowledge of the TV set increases, his control over it increases and he no longer requires the help of an adult when he wants to use it.

A child gains knowledge and skills from *direct* experience, from active involvement with his world. For instance, he discovers what is hard and what is soft, what is fun to do and what is not, who will "give in" and who must be obeyed. A child also learns from *indirect* experience when parents, teachers, and friends tell him about people, places, and things he has not directly experienced, and also when they explain, amplify, and interpret his own direct experiences.

Because the world is less enticing to a child without vision, you must take the responsibility for broadening your child's experiences, bringing objects, people, and situations to his attention until he realizes that there is an interesting world "out there" that he can actively seek out and explore.

You will also need to help your child organize and make sense of his experiences, because relationships are less apparent without sight. For instance, it may not be at all clear to your blind child that the terrible noise he hears and the cord that trips him are both part of a vacuum cleaner, a machine used to clean the carpet. It may also not be obvious that his brother is bigger than he is and so needs to wear the bigger coat.

More specific suggestions as to how you can help your child broaden and organize his experiences are given below.

- Wherever possible provide child with direct experience of a wide range of *objects* (toys, household articles, clothing), *people* (relatives, neighbours, shopkeepers), and *places* (friends' homes, park, zoo). Talk with him about them, describing and explaining them.
- Draw child's attention to the different characteristics of these people, places, and objects. For instance, point out *sounds* (noise of friction car, vacuum cleaner, cat, different characteristics of voices), *textures* (smooth toy, furry dog, bristly beard), and *smells* (foods, farmyard smells, perfumes).
- Be sensitive to what child seems to be experiencing. For example, note whether he is listening to sounds or reacting to smells. Comment on his experiences and help him to understand them.

- Use everyday activities such as dressing, eating, and playing to help child to develop concepts of
 - *texture* – the doll is on the rough carpet, not on the smooth tiles.
 - *number* – two socks for two feet, three toothbrushes for Mummy, Daddy, and Johnny.
 - *shape* – the plate is round, the window is square.
 - *function* – clothes are for wearing, a car and a train are for travelling in.
 - *weight* – the table is heavy, Daddy weighs more than Johnny.
 - *space* – the vase is *on* the table, the doll is *in* her bed, the armchair is *across* the room.
 - *size* – the living room is big, the bathroom is small, Johnny is bigger than the cat.
- Once child has developed these concepts, he can be taught to use them to find similarities and differences between objects. For example, the bench and the chair are similar because people can sit on both of them; the two blocks are different because one is square and the other is round.
- Help child remember the concepts he has learned by giving him suitable words, such as *round, smooth, rough, tall, heavy*.
- Encourage child to explore as much of an object as possible to help him form an impression of it as a whole.
- Models can be used for objects that cannot be fully explored, such as airplanes or lions. Make sure child knows difference between model and real object; for instance, the model is smaller and does not move. One child we met refused to believe a giraffe could eat leaves from a tree because giraffes were “too small.” To prove her point she went through her model animals and pulled out a large giraffe (12 inches tall) and a small giraffe (3 inches tall) and said, “See, even a big giraffe couldn’t reach the leaves of a tree.”
- Be sure child knows difference between real and pretend objects and events. Because a blind child in his early years is so dependent on adults to tell him facts and explain things to him, he may come to believe everything an adult tells him and have difficulty in separating fact from fiction in stories or on TV.

Each person has different characteristics. This man has a bristly beard.



"How is your toy frying pan different from the one we cook in?"





Social Development

As with any child, a blind child's social development will begin within his family. His first important relationship will be with his mother, and from this beginning his social world will gradually grow to include all the members of his family. As the baby becomes aware of his whole family, his increasing involvement in family life will give him opportunities for many social experiences. All family activities, such as meals and outings, will contribute to his social development.

Your baby may not know you are nearby and therefore will not respond unless you make a sound or touch him. When he does hear you or feel your touch, he may react by smiling, moving his arms or legs, or making his own sounds (cooing or gurgling). Although you do not need to talk incessantly to your baby or hold him constantly, he needs to know when you are near. All parents give their baby reassurance and attention; for your child, you will need to emphasize verbal and physical attention.

As your child gets older, he will become mobile and learn to talk. As his curiosity develops and he begins to explore, much of his interest will be directed toward other people. This interest should be encouraged, since it is a natural step in the growth of social skills.

Much social interaction is based on visual communication. For example, a smile or a frown expresses a feeling that does not need to be put into words for a sighted person. When we speak with other people, we watch their faces to help us understand their reactions. These visual cues are not available to your child. However, you can help him learn to use non-visual information. Through his social experiences he can learn to use other cues, such as a person's tone of voice or the activity in a room, to understand and deal with social situations.

Since there is a tendency for blind children to spend more time with adults than is usual, it is important to provide opportunities for your child to play with children. Parks, play groups, and cooperative baby-sitting arrangements can be used to give him contact with other children. Such experiences outside his home are a part of learning to cope with social interactions.

Early Stages

- Keep the young baby in the same room as you when he is awake.
- Take the baby with you in a carriage or baby-pack when out for a walk or shopping.
- Talk to baby frequently (but not incessantly) to keep him in touch with you. Remember that a glance or smile will not give him the contact and comfort that he will get from your voice or touch.
- When you find yourself smiling at the baby, try to express your feelings in words.
- Even when he is young, tell the baby when you leave or enter the room.
- Encourage brothers and sisters to hold the baby and play with him so that he gets to know his whole family.
- Allow other people (relatives, friends) to hold the baby and play with him (as long as he doesn't object); so as to increase his experience with a variety of people.

- Encourage child to approach people, through physical contact, play, and exploration while he is very young, and by conversation at later ages.
- Encourage independence by arranging regular contact with other adults (relatives, friends, baby sitters).

Later Development

- Encourage the child to play with and talk to his brothers and sisters.
- As soon as he is able, give the child opportunities to contribute to the family by helping around the home (for example, feeding the pet, helping prepare snacks or lunch).
- Make sure that the child is fully involved in family activities, such as picnics, walks, or parties.
- Arrange for regular contact with children of all ages in unstructured situations (park, neighbourhood) and structured situations (play group, nursery school).
- Explain the child's handicap and his limitations, where relevant, to people who have regular contact with him.
- Expose the child to the normal social situations of childhood, such as having a friend at his house, going to a friend's house, going to birthday parties.
- Try to take the child places where he will meet people – for example, to stores, parks, relatives' or neighbours' homes.

Making hot chocolate.



Emotional Development

Your child's emotional development is largely dependent on a warm and stable family life. His feelings of security and self-worth will develop from your care for him and your approval of his accomplishments.

Your child will also benefit from guidance in how to express his feelings, good and bad, about himself and others. He is not able to see how other people express feelings non-verbally, such as by smiling, frowning, sulking, and so forth. Therefore, he will learn more easily to express his feelings if you encourage him when he reacts appropriately.

When he is young, your child will probably realize that he is different from most other people. When the subject arises, it can be helpful for him if you talk openly with him about blindness and how it affects his experiences. Naturally, such discussions must be geared to his age and understanding.

You can help your child build positive feelings about himself if you give him opportunities to develop confidence and independence. Early in life he will be quite dependent on you, and his efforts at independence may at times cause him a lot of frustration. Some temper and tears must therefore be expected as he learns to do things for himself. Most children go through stages like the "terrible twos," and a blind child is no different in this respect. It is important to remember that he may experience extra frustration, since it is more difficult for him to develop some skills. If he receives encouragement and praise for trying to do things himself, then he can develop the confidence he needs to be independent.

- Encourage child to express his feelings verbally or in other ways (laughing, "jumping for joy," etc.), and bring his attention to ways in which he expresses himself.
- Occasionally point out to child ways in which other people express feelings.
- Establish limits for emotional reactions that are unacceptable or excessive (for example, tantrums, aggressive behaviour, physical affection). The limits will vary according to what individual parents find acceptable. Make sure that child is aware of limits.
- Remember that the child may experience extra frustration as a result of his handicap (for instance, when his wagon keeps bumping up against a corner of the house), and he may need help and patience in learning how to deal with his frustration.
- Use touch and tone of voice frequently and carefully to convey your own feelings.
- Give child opportunities to do things for himself, such as dressing and eating.
- Encourage child to ask for help when he needs it, but also encourage him to politely refuse help with activities he has mastered.
- Encourage and comment on accomplishments, so that child may appreciate his success.
- Allow child to experience a balance of success and failure. Keep requirements within his ability, to avoid unnecessary frustrations, but do not make everything so easy for him that he is never challenged.

Touch and tone of
voice convey feeling.



- Use group settings (play groups, nursery school) to develop independence, and when necessary help child share in group activities, such as a birthday party or school trip.
- Avoid making frequent comments that compare child's achievements with those of other children. It is natural for parents to think of their child in comparison with other children, but comparisons should not be mentioned to the child too often.
- Try to prepare child for experiences that may be unusual and possibly frightening for him. For example, prepare him for potentially uncomfortable or painful experiences, such as a visit to the doctor or dentist, and give him advance warning whenever possible of loud or sudden noises, such as at a circus or zoo.

Developing Use of Vision

For the child with any vision, it is important to supplement the suggestions we have given thus far with activities that encourage the use of that vision.

In the early years, as we have indicated, it is difficult to determine how much a child can see, but through your observations you will probably get some indication. You will notice, for example, whether your child follows light or reaches toward a toy without the aid of sound. Any vision, even the ability to distinguish light from dark, provides a child with useful information.

Contrary to popular belief, a child cannot damage his eyes by using what vision he has, even if he has to bring an object right up to his eyes to see it. If you see your child continually bringing things into close range, you can safely assume that he is getting some information by doing this. However, you need to be sensitive to the limits to which he can use his vision, as he may become frustrated if you are constantly drawing his attention to something he cannot see.

You can also expect that your child will seem to see more on some days than on others. With some eye conditions, visual acuity does in fact change from day to day. All children, however, vary in the extent to which they use their vision. The general health of a child, his level of tiredness, and the extent of his interest in what he is doing are all factors that can influence his visual performance.

Infancy

- Hang above his crib a mobile made from simple shapes that are brightly coloured and that make a sound when touched.
- Choose brightly coloured toys.
- Put brightly coloured simple pictures on the head and foot of his crib. Change these from time to time.

Later Stages (after child is mobile)

- Encourage him in his use of light cues, for instance, to find his way around the house. Point out windows and lamps.
- If your child can see colours, talk about the colour of his clothes, toys, and food.
- Have him use colour as part of his daily activities: “Do you want to wear your yellow shirt or your blue shirt?” “Your car went under the red chair.” “Take Daddy his green sweater.”
- Help him differentiate sizes and recognize simple shapes by sight as well as touch, if possible.
- Encourage use of crayons, paints, and finger paints.
- Draw child’s attention to any visual aspects of objects that he can see: “Look how little the kitten is.” “Isn’t the sky blue today!”
- Provide books with simple colourful pictures. They may help child learn about objects he cannot touch or grasp.
- Encourage child to attempt sorting and matching games with buttons, blocks, and the like, using sight as well as touch.

Mannerisms

Many people develop mannerisms such as head scratching, “cracking” fingers, jingling keys. These habits develop for one reason or another — perhaps to fill in time or relieve tension — and by the time the person is aware of them they are usually so well established that they are difficult to get rid of.

Blind children frequently develop mannerisms such as rocking, twirling, rubbing or poking eyes, or jumping up and down on the spot. These habits seem to develop for several reasons. Because a visually impaired child is not constantly being reminded through sight of all the interesting things there are to do, he may be left with himself as the main source of occupation, stimulation, or entertainment. This may give rise to such habits as poking or rubbing eyes or repetitively tapping with fingers on paper or toys. Other mannerisms may develop as a means of letting off excess energy and getting exercise. Young blind children frequently engage in much less energetic physical play than other children of their age because it is more difficult for them to run, jump, and climb, and so they may jump up and down on the spot or may rock as a means of letting off steam.

Parents frequently worry about mannerisms either because they think their child’s behaviour is strange or else because they fear that these activities will prevent their child from being socially acceptable to other people.

The following suggestions have been found helpful in reducing mannerisms.

- Maintain a varied but organized sequence of activities to keep child involved and interested.
- Check play from time to time. If child is doing the same thing again and again without any apparent reason (for example, spinning the wheels of a truck), he can be directed to another activity.
- Avoid leaving child in passive occupations such as watching TV or listening to music for too long. There may be times when you are ill or very busy and your child needs to be safely occupied in this way, but this should be the exception, not the rule.
- When child is young, avoid making him too aware of mannerisms by direct comments such as “Stop poking your eye.” Rather, simply remove child’s hand while diverting his interest to something else.
- When child is older and has a reason for giving up mannerism — such as wanting to “be like the other kids” — he may respond to such comments as “Other children don’t jump up and down,” or “Poking your eye doesn’t look nice.”
- If child has mannerism, such as jumping, that seems to be an energy outlet, make a “gym time” part of his day, and tell him that this is when he should jump. Jumping on a trampoline is an activity that many children enjoy.



Chapter 4 COMMUNITY RESOURCES

There are many resources and support services in the community that we use to meet our daily needs — schools, libraries, parks, and so on. Some resources, such as nursery schools and summer camps, we use for a limited period of time to meet a particular need. Others, such as medical services and libraries, we use throughout our lives.

As the parents of a handicapped child, you will be able to make use of many of these general community resources to meet the needs of your child. In some cases modifications can be made to the service or resource to better suit those needs. For instance, some aspects of a nursery school program may be adjusted for him. However, you may not be able to make changes at the park or zoo, and you will need to prepare your child for the experience.

Most communities also have specialized resources for specific groups. There are specialized resources in Ontario to meet many of the needs of blind people and those with other handicaps.

In this section of the handbook we have provided details of both general and specialized community resources within the province of Ontario. Resources are listed under the needs they are designed to meet (information, medical, counselling, and so on). As with any list of this sort, it has been impossible to be comprehensive. If you want to know whether a particular resource exists within your community and you do not find it listed, make inquiries through the usual channels in your community or contact the office of the Ministry of Community and Social Services nearest you. There are nearly sixty district and local offices throughout Ontario. You will find them listed under “Government (Ontario)” in your phone book. If your local office cannot help you, then you may wish to contact the head office:

Communications Branch, Ministry of Community and Social Services, Hepburn Block, 7th Floor, Queen’s Park, Toronto, Ontario M7A 1E9.

Large urban communities usually have a wide range of resources of both a general and a specialized nature. Smaller rural communities usually have fewer general resources, and many have very few specialized resources. Thus, people in small communities with specialized needs usually have to decide on a course of action from among the following alternatives:

- Do without the resource or service.
- Adapt general resources to meet needs.
- Travel to a major centre where the resource or service is available.
- Try to arouse sufficient interest in the community to start the service locally. Consult community service groups, parent groups, or people in government (members of the town council, members of parliament).

General Information Resources

In this section we have included two major sources of general information: agencies for handicapped people and directories of community services. Agencies for the handicapped not only provide services but can refer you to other resources and services. Directories of community services can help you find what resources are available in your community.

Agencies for Handicapped People

For Blind People

THE CANADIAN NATIONAL INSTITUTE FOR THE BLIND (CNIB)

CNIB is likely to be the agency you will use most. Its services range from medical referral to advising parents, vocational guidance, and employment. Through its various departments CNIB is available to you as the family of a blind child, and eventually to your child himself as he grows older, offering advice, consultation, and some specialized services.

The Ontario headquarters of CNIB are in Toronto, and there are fourteen other district offices. Requests for information should be addressed to the office nearest your home.

Toronto	1929 Bayview Avenue, Toronto, Ontario M4G 3E8. Ontario Division: (416) 486-2500 Children's Department: (416) 486-2515 Summer Camps: (416) 486-2514
Barrie	93 Dunlop Street East, Suite 202, Barrie, Ontario L4M 1A8. (705) 728-3352
Brantford	67 King Street, Box 293, Brantford, Ontario N3T 5M8. (519) 752-6831
Cornwall	135 Augustus Street, Cornwall, Ontario K6J 3V9. (613) 932-2520
Hamilton	Edgewood Hall, 1686 Main Street West, Hamilton, Ontario L8S 1G4. (416) 528-8555
Kingston	Quinte-St. Lawrence Hall, 466 Union Street West, Kingston, Ontario K7L 2S1. (613) 542-4976
Kitchener	Huron Hall, 169 Borden Avenue North, Kitchener, Ontario N2H 3J5. (519) 742-3536

London	Tweedsmuir Hall, 96 Ridout Street South, London, Ontario N6C 3X4. (519) 434-8413
Ottawa	Letson Hall, 320 McLeod Street, Ottawa, Ontario K2P 1A3. (613) 233-8471
Peterborough	165 King Street, Peterborough, Ontario K9J 2R8. (705) 745-6918
St. Catharines	Linwell Hall, 211 Queenston Street, St. Catharines, Ontario L2R 3A5. (416) 688-0022
Sudbury	Cambrian Hall, 303 York Street, Sudbury, Ontario P3E 2A5. (705) 675-2468
Thunder Bay	Cumberland Hall, 499 North Cumberland Avenue, Thunder Bay, Ontario P7A 4R9. (807) 345-6252
Timmins	38 Pine Street North, Suite 124, Timmins, Ontario P4N 6K6. (705) 264-2312
Windsor	Alexander Hall, 230 Strabane Avenue, Windsor, Ontario M8Y 2W7. (519) 945-2321

THE ONTARIO FOUNDATION FOR VISUALLY IMPAIRED CHILDREN, INC.
P.O.Box 1116, Postal Station D, Toronto, Ontario
M6P 3K2.

The Ontario Foundation for Visually Impaired Children has been established to provide assessment and educational services for visually impaired children from infancy, including children with additional handicaps. These services will be offered at a centre located in the High Park Forest School in Toronto, beginning in September 1976.

Other services planned by the foundation include general counselling services for families, guidance for parents in teaching and management of children, and information and library services for parents and the general community.

For Retarded People

ONTARIO ASSOCIATION FOR THE MENTALLY RETARDED (OAMR)
1376 Bayview Avenue, Toronto, Ontario M4G 3A3.
(416) 483-4348

OAMR is the planning body for 118 local associations throughout the province. The office can put you in touch with the association nearest you. These local associations are concerned with *all children who show delayed development*, no matter what the cause. Many of them operate preschool programs and parent groups.

NATIONAL INSTITUTE ON MENTAL RETARDATION (NIMR)
National Office 4700 Keele Street, Downsview, Ontario M3J 1P3
(Kinsmen Building, York University).
(416) 661-9611

NIMR is primarily concerned with research, training of field workers, production of audiovisual materials, and so on. It also has an excellent reference library, which includes material on multi-handicapped people. An inter-library loan service is provided. This means that if NIMR has a book you wish to borrow (you can find this out by obtaining a bibliography from them), you can ask your local library to borrow it for you. You will have to use any material you obtain in this way in the library that borrows it for you. You will not be able to take it home.

For Physically Handicapped People

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN (OSCC)
Central Office 350 Rumsey Road, Toronto, Ontario M4G 1R8.
(416) 425-6220

OSCC is a voluntary organization that provides a wide range of services to children in Ontario with a physical handicap. Some of the services offered by the society are a district nursing service, camping and recreational provisions, and diagnosis and treatment centres. There are at present sixteen children's rehabilitation centres, located in Ottawa, Kingston, Oshawa, St. Catharines, Kitchener, Toronto, Brantford, Hamilton, London, Chatham, Windsor, Sarnia, Peterborough, Sudbury, Thunder Bay, and Sault Ste. Marie. You can obtain the address of the centre nearest you from your phone book or by writing to the central office in Toronto at the address given above.

For Hearing-Impaired People

There are several groups that can provide information about services for the hearing-impaired child and his family. Two of these are:

The Canadian Hearing Society, 60 Bedford Road, Toronto,
Ontario M5R 2K2.
(416) 964-9595

Silent Voice, 100 Shaftesbury Avenue, Toronto, Ontario
M4T 1A5.
(416) 961-2438

Silent Voice provides services primarily for multi-handicapped deaf people. In the past, SV personnel have consulted with parents of deaf-blind children and designed individual programs for such children. In a crisis situation they are prepared to help if no other assistance is available, but they work mostly with older children and adults.

If your child is legally blind and hearing impaired, you should contact Joan McTavish at the CNIB in Toronto. CNIB, in conjunction with the Deaf-Blind Department at the W. Ross Macdonald School in Brantford, provides assessment and counselling services.

Another group concerned with deaf-blind children is the recently formed Canadian Deaf-Blind and Rubella Association. The association can be contacted:

c/o Deaf-Blind Department, W. Ross Macdonald School,
Brantford, Ontario N3T 3T9.

Directories of Community Services

Directory of Community Groups in Ontario, Ministry of Culture and Recreation, Multi-Cultural Development Branch, 1976.

This book provides the names and addresses of community groups throughout Ontario. They are listed alphabetically, by category (for example, Community Action Centres, Consumer Groups, Groups for the Handicapped and Disabled) and by geographical area. This book is available for \$1.00 from:

Ontario Government Bookstore, 880 Bay Street, Toronto,
Ontario M7A 1L2.

Resources for Community Groups, Community Development Branch, Ministry of Community and Social Services.

This booklet lists potential resources available from the three levels of government and the private sector to citizen and community groups. The booklet is available from:

Multi-Cultural Development Branch, Ministry of Culture and Recreation, 400 University Avenue, Toronto, Ontario M5G 1S5.

Exceptional Family Information Service, 1975.

This is a handbook listing resources available to the families of children with learning and emotional problems who live in the Metropolitan Toronto area. It is available from:

Exceptional Family Information Service, 200 Wilmington Avenue, Downsview, Ontario M3H 5J8.

1974 Edition Community Services in Metropolitan Toronto, Community Information Centre of Metropolitan Toronto, 1974.

This is probably the most comprehensive listing of community services in Toronto that is available. The 1974 edition together with the 1976 supplement can be obtained for a total of \$6.00 from:

Community Information Centre of Metropolitan Toronto, 110 Adelaide Street East, Toronto, Ontario M5C 1L1.

Medical Care

As the parent of a blind child, you will use medical resources both for regular medical care for your child and for specialized treatment related to his eye condition. Here we will include information only about these specialized medical services.

The Medical Specialist

While many families use the services of a general practitioner for their health care, you may want the more specialized services of a pediatrician for your blind child. Your obstetrician or your family doctor can recommend a pediatrician. If your child needs specialized treatment, a pediatrician is aware of the range of services available.

One specialist your child will need is an ophthalmologist. From the first diagnosis of your child's visual handicap, his eye condition needs to be reviewed frequently, since changes can occur in a young child's eyes.

The role of an eye specialist will decrease in importance once your child's eye condition has been ascertained and has stabilized. However, it is important to keep regular contact with an ophthalmologist, especially in the early years, to ensure that you are aware of changes.

The Public Health Nurse

There are forty-four provincial health units throughout Ontario sponsored by the Ministry of Health, which provide public health nursing services. Each of these health units arranges its own programs, and the services are free of charge.

Your Public Health Nurse will usually contact you when your child is born or shortly after. She can help you at home with any medical care your child may require (for example, special eye care) or with ongoing counselling for special problems, such as physical development or emotional problems. Your Public Health Nurse can also assist you with referrals to doctors or other professionals when necessary.

Your local health unit office is listed in your phone book. It may be listed under the Government of Ontario (Ministry of Health) or under the regional area name, such as the Niagara Regional Health Unit. If you are unable to locate your local office, there is a leaflet, *Directory Nursing Personnel*, which lists all health units in Ontario. This leaflet, as well as other information about public health nursing services, can be obtained from:

Ontario Ministry of Health, Health Promotion Branch, 2nd
Floor, 7 Overlea Boulevard, Toronto, Ontario M4H 1A8.
(416) 965-4441.

Hospitals and Medical Centres

There are regional hospitals and medical centres throughout Ontario that provide a range of services for children. Your pediatrician and ophthalmologist can refer you to them when necessary.

The major medical centre for children in Ontario is the Hospital for Sick Children in Toronto. HSC provides full diagnostic service for your child's eye condition. Other services such as neurological examinations and psychological assessments are also available. Treatment for your child at HSC can be arranged by your pediatrician, ophthalmologist, or local medical adviser.

Within HSC there is a unit called the Low Vision Clinic, which is part of the Eye Clinic. The Low Vision Clinic serves blind and partially sighted children of all ages. It provides the services of an ophthalmologist, a public health nurse, and a genetic counsellor. The clinic can assess your child's eye condition and provide counselling about proper use of residual vision. Whenever appropriate, the clinic will also prescribe visual aids such as magnifying glasses for your child. The Low Vision Clinic sees children on referrals from doctors, public health nurses, and schools. Its address is:

Low Vision Clinic, c/o Eye Clinic, Hospital for Sick Children,
555 University Avenue, Toronto, Ontario M5G 1X8.

CNIB also operates a Low Vision Centre, which is part of the Eye Service Department. The Low Vision Centre sees children on referrals from ophthalmologists or schools, and provides the services of ophthalmologists, Eye Service Nurses, and an optician. Patients are assessed to determine if they have any usable vision. When appropriate, special visual aids are provided. The Low Vision Centre also works in cooperation with the Children's Department of CNIB to provide counselling on encouraging a child's use of residual vision.

Counselling

There are various kinds of counselling services that families with a handicapped child may find helpful.

Children's Counselling Service

The Children's Department of CNIB provides a counselling service to parents of young children. The counsellor will visit families in their homes to talk with parents about the development of their child, to offer services, and to demonstrate useful procedures.

If you would like a counsellor to visit you, you should contact:

Children's Department, CNIB, 1929 Bayview Avenue, Toronto,
Ontario M4G 3E8.
(416) 486-2515

Although there is a shortage of counsellors, they do attempt to meet specific requests for assistance.

General Family Counselling

Many people, at some stage in their lives, need to be able to discuss personal or family problems with another person. A friend or relative can sometimes help put problems in perspective, but at other times the advice of a professional is preferred. The family doctor or religious adviser frequently has the experience and skills necessary to be of assistance. If not, he or she is usually well placed to suggest a suitable trained counsellor.

Most hospitals have a social services department where counselling is available. Qualified professionals such as social workers or psychologists can provide you with help or refer you to an appropriate person or agency.

Genetic Counselling

Genetic counselling can help couples understand the medical facts surrounding an inherited disorder. Sometimes a counsellor can reassure prospective parents that their planned child will not be affected. Where there is a risk, a geneticist explains how great the risk is.

Genetic counselling is advisable for parents who have a handicapped child and are concerned that subsequent children may be affected; for couples with problems in their own families that they fear their children may inherit; and for a handicapped person who is concerned his or her child may be similarly affected.

Genetic counselling is available in six centres in Ontario:

Toronto

Counselling is available at the Eye Genetics Clinic at the Hospital for Sick Children on Thursday mornings and at the Eye Genetics Clinic at CNIB on Thursday afternoons. At both clinics an appointment is essential. Appointments can be

made by families themselves, although referral through a doctor is preferred. In either case the family will be sent forms to be filled in to provide the counsellor with necessary background information.

There are no financial or age restrictions on who may receive counselling, and there is no need for the person with the visual impairment to be registered with CNIB.

Kingston

A genetic counselling clinic is held every Monday afternoon except the third Monday of each month at the Children's Outpatient Centre in the Kingston General Hospital. Referrals are accepted from physicians, nurses, and social workers, or the families themselves may contact the clinic. Appointments can be made by phoning (613) 547-6242. There is usually a waiting period of one month to six weeks.

Hamilton

Genetic counselling services are available to families in the Hamilton area through:

Program in Human Genetics, Department of Pediatrics,
McMaster University Medical Centre, 1200 Main Street West,
Hamilton, Ontario L8S 4J9.

Referral through a physician is preferred, but is accepted through other health professionals and community service agencies. Inquiries from families or their physicians should be directed to Dr. Ronald G. Davidson, at the above address or at (416) 525-9140, ext. 2278.

London

Genetic counselling is available in London through several channels.

The Birth Defects Evaluation Service and Clinic is located in the Family Planning Clinic of the Health Services Building, Victoria Hospital, South Street. Phone: (416) 471-4750.

Dr. Hubert Soltan, Professor of Medical Genetics and Chairman of the Division of Medical Genetics in the Department of Paediatrics, sees families privately, by appointment, at the University Hospital, 339 Windermere Road. Phone: (519) 673-6500.

Dr. G. H. Valentine, Department of Paediatrics, University Hospital, sees families privately, by appointment, at the War Memorial Children's Hospital, South Street.

In all instances referral through a medical practitioner (family doctor, pediatrician, ophthalmologist) is required.

Ottawa

Genetic counselling is available in Ottawa in the genetics department of the Children's Hospital of Eastern Ontario, 401 Smyth Road. Phone: (613) 521-4000. It is available to parents with blind children and to blind persons themselves. Referrals for counselling are usually made by the family doctor but may be made by the Public Health Nurse, or a family may contact the hospital directly.

Sudbury

A travelling genetics clinic is being provided in Sudbury by members of the Association of Genetic Counsellors of Ontario in conjunction with the Independent Order of the Daughters of the Empire. It is planned that this clinic will be held at three-month intervals. Referrals to this clinic can be arranged through the Nurse Co-ordinator at the Sudbury and District Health Unit, 1300 Paris Crescent. Phone: (705) 522-9200.

Supportive Groups

Parents' Groups

Associations of parents of handicapped children usually develop when sufficient people consider that it would be helpful to meet together to share ideas with others who have similar concerns and interests.

In Toronto there is a group of parents of blind children who meet regularly to discuss concerns, listen to guest speakers, view films, and so on. For further information about this group contact:

Chairman, Toronto Chapter of Parents' Association of CNIB,
1929 Bayview Avenue, Toronto, Ontario M4G 3E8.
(416) 486-2515

If you want to know if there is a parents' association of CNIB in your area, contact your local CNIB office.

In some areas there may be too few blind children for their parents to be able to form a group. Parents of children who have a handicap in addition to blindness may find it helpful to join a group of parents of children with that handicap. The agencies listed previously in this chapter would be able to tell you if there is an appropriate group in your area.

If there is no group in your area for parents of blind or otherwise handicapped children, you may want to form your own group. The pamphlet *Getting People Together*, produced by the Ontario Ministry of Culture and Recreation and available from the Ontario Government Bookstore, provides basic guidelines on how to form a community group.

Self-Support Groups

Self-support groups are not likely to be of use to your child while he is fairly young. However, their activities may be of interest to you and also to your child when he is older.

One recently formed group of blind people is Blind Organization of Ontario with Selfhelp Tactics (BOOST). Although its office is located in Toronto, it has members from several cities throughout Ontario. Its guiding principle is self-help, and it is dedicated to promoting opportunities for blind people. For further information contact:

BOOST, Donvale Community Centre, 80 Winchester Street,
Toronto, Ontario M4X 1B2.
(416) 921-2426.

Parent Relief Groups

A parent relief service is designed to provide care for a handicapped child so that his parents can have free time without having to be concerned for him. In some instances the child is looked after for one or two weeks to allow the parents to have a holiday. In other cases the mother is relieved of her home responsibilities

one day per week. The Visiting Homemakers Association in Toronto provides this latter type of service to families with a handicapped child living in the Metropolitan Toronto area. For further information contact:

Visiting Homemakers Association, 170 Merton Street, Toronto,
Ontario M4S 1A1.

Unfortunately, few communities currently offer either of these types of service. However, they are the sorts of service that could be provided, at least at a basic level, by a cooperative group of parents or by a community service organization.

Educational Resources

Informal Groups

Cooperative play groups can become informal educational settings with some additional planning and work by the parents operating them. Children's skills in many areas of development can be fostered by carefully planned activities.

Formal Preschool Facilities

Preschool education should be considered for a variety of reasons ranging from relief for the parent to opportunities for the child to develop social and cognitive skills.

For the preschool experience to be a positive learning situation for your child, prior planning and preparation will be needed. The CNIB counsellor is available to help you select the program that will best meet the needs of your child and to advise the teacher about any modifications of activities that may be necessary.

You can prepare your child for nursery school or kindergarten by talking with him about school. Also, first taking him to visit the classroom when it is empty will give him an opportunity to meet the teacher and get his bearings without the distraction and confusion of other children.

If your child is going to be attending a kindergarten program with sighted children, there is an illustrated booklet that the teacher can use to help the other children understand what it is like to be visually impaired. The booklet, *When It's Hard to See*, is available from:

Vision Program, Prince George's County Public Schools,
Capitol Heights Special Center, 6037 Central Avenue,
Capitol Heights, Maryland 20027, U.S.A.

Nursery Schools

These provide a half-day nursery education program for children of preschool age (usually 3 to 4 years old). The program is planned to promote healthy development of children who are ready for a group experience.

Many blind children attend nursery schools for sighted children. However, if your child is delayed in his development, one of the OAMR nursery programs may be more suitable. Similarly, if your child has a physical handicap, a program run by OSCC (see section on Agencies) may best meet the needs of your child.

Day Care Centres

These are designed basically to meet the needs of working mothers. Full-day care (meals, activities, naps, etc.) is provided. Some day care centres accept infants; however, many will not accept children until they are 2 years old. In some areas there are day treatment centres, which are centres designed specifically to serve children with one type of handicap or another.

If you live in Toronto, you can obtain complete listings of nursery schools and day care facilities by writing for two booklets, *Nursery Schools* and *Day Care for Children*. These are available at \$1.00 each from:

Community Information Centre of Metropolitan Toronto,
110 Adelaide Street East, Toronto, Ontario M5C 1L1.

If you live outside the Toronto area, contact your local office of the Ministry of Community and Social Services for information on nurseries and day care.

Kindergarten Programs

Junior kindergartens and senior kindergartens, where available, are operated by the boards of education. For a child to enter junior kindergarten in the September of any particular year he must be 4 years of age by December 31 of the same year. If there is a kindergarten program in your local school district, your child is eligible to attend if he is developing within normal limits. For information about kindergartens, contact your nearest school or board of education.

School

Although, by definition, school is not a matter of concern for preschool children, most parents like to know ahead of time what schooling is available for their child so that they can make any preparations necessary.

Currently the W. Ross Macdonald School in Brantford is the only school in Ontario designed to serve the child who must be educated in braille during his first few grades. As well as the regular subjects offered by any school, the W. Ross Macdonald School's curriculum includes such specialized areas as orientation and mobility, tactual map and diagram reading, choral and instrumental music, and use of braillewriter, slate and stylus, and abacus.

If your child is likely to be attending this school, you should try to visit it. The school encourages parents to bring their child to the school as many times as possible before admission. Appointments for visiting can be made by contacting:

Superintendent, W. Ross Macdonald School, Brantford,
Ontario N3T 3T9.

There are also other ways in which you can prepare your child for the experience of going away to school. Having your child stay with friends or relatives overnight without you, having him sleep in different beds, and having him learn about mail are all ways you can help him prepare for school. Other suggestions can be obtained by contacting the principal of the Junior School.

If you live in the Metropolitan Toronto area, it may be possible for your child to attend your local school when he is at about grade 4 (that is, when he has mastered the basis of braille). The staff at the W. Ross Macdonald School will

counsel you as to the advisability of this move. An itinerant teacher service for blind children in grades 4–13 is provided by:

Visually Handicapped Program, North York Board of Education, Hollywood Annex, 360 Hollywood Avenue, Willowdale, Ontario M2N 3L4.

A teacher visits the school attended by the child to help him with braille skills and to teach diagram reading and the use of aids such as the abacus.

Visually limited children who can learn to read print normally attend their local schools, where they are provided with large-print materials and where their progress is watched by a member of the local board's special education staff and by a CNIB Eye Service Nurse. In some areas a CNIB counsellor is also available to provide the child and his teacher with assistance.

In some school districts more specialized provisions have been made. In Hamilton there are two limited vision classes at the Prince of Wales School. These cater to children in grades 1–8. Children in these classrooms are integrated into regular school activities as much as possible.

In Toronto an itinerant teacher service exists to help limited vision children who attend their local schools. Children in Etobicoke, the west part of Toronto, York, and North York are visited by teachers from the North York Board of Education Visually Handicapped Program. Children in the east part of Toronto, East York, and Scarborough are visited by a teacher from the Toronto board's Limited Vision Service, which is based at Jesse Ketchum Public School, 61 Davenport Road. Visiting teachers help children on a one-to-one basis, consult with teachers if programs need to be modified, and coordinate services such as those provided by the Public Health Nurse and the Low Vision Clinic. If children are experiencing difficulties even with the support of a visiting teacher, then placement in the Limited Vision Class at Jesse Ketchum Public School may be recommended. Here children receive intensive assistance in a small class setting with the hope that they will be able to be reintegrated into their local schools.

The London school board provides a resource room for low vision children in the London area at the Woodlands Heights School. The children are integrated into regular classes and take part in all school activities. However, they can withdraw to the resource room when they need one-to-one assistance. The resource room teacher also provides the children with any specialized materials they need and advises the classroom teacher if problems arise.

The Ottawa Board of Education provides a limited vision class at W. E. Gowling School, 250 Anna Street. This class is for children from the Ottawa and Carleton public school and separate school boards. (All children recommended for the class have been referred through Ottawa School Board Special Services.) Children are integrated into as much of the regular program in the school as is possible.

Play and Recreation

While your child is very young, most of his play will be at home. However, as he gets older he will benefit from opportunities for play and recreation outside of his home.

Most communities have recreational facilities and programs that offer you opportunities to increase the range of your child's recreational experiences through formal and informal activities. There are also special recreational opportunities for handicapped children, such as summer camps.

Informal Play

A young child can begin learning to play with other children through cooperative baby-sitting arrangements or play groups. You can usually start such a group with friends or neighbours.

As your child gets older, he will be able to take advantage of facilities such as parks, zoos, and skating rinks. At first he will need your help to get the greatest benefit from such situations, but as he discovers their possibilities he can learn to use these facilities by himself or with other children.

Community Programs

Parks departments, recreation centres, YMCA, and YMHA frequently offer formal programs in which your child may be able to participate. For instance, a public park may have classes in arts and crafts, games, or music. If you contact your community's Department of Parks and Recreation, they can tell you what activities they sponsor that would be available for your child. Departments of Parks and Recreation are usually listed in the phone book under city government offices or "Recreation Department" or in the Yellow Pages.

Swimming Programs

Many young blind children take part in the swimming programs sponsored by the local Department of Parks and Recreation or by the local school board. In large cities, special swimming lessons may be available for handicapped children. Information about such special programs can be obtained from the agencies listed earlier in this chapter.

Summer Camps

Many agencies sponsor summer camps for handicapped children. CNIB has a summer camp at Lake Joseph, Ontario; the camp is open to blind children 6 years and older. The address is:

Lake Joseph Adjustment Training and Holiday Centre, R. R. 1,
MacTier, Ontario P0C 1H0.

CNIB also operates a day camp in Metropolitan Toronto for blind children from 6 to 16 years of age. For information about this day camp, contact the CNIB office in Toronto.

Other summer camp programs are available through agencies serving children with other handicaps, such as cerebral palsy and mental retardation. A bulletin called *Summer Camps and Programs*, which has a section listing camps for children with special needs, is available for \$1.00 from:

Community Information Centre of Metropolitan Toronto,
110 Adelaide Street East, Toronto, Ontario M5C 1L1.

The park provides an opportunity for play with other children.



Toys, Books, Tapes, and Records

Toys

In chapter 3 of this handbook in the section on play we listed many toys that are suitable for visually impaired infants and young children and can be readily made or bought. You may also find the following books useful in providing additional information on toys suitable for your child.

Toys for Early Development of the Young Blind Child: A Guide for Parents, 1971. This booklet lists types of toys suitable for visually impaired children. It gives the purpose of the various types of toys and lists a sample toy together with the manufacturer's name. It is no longer available in its original form, but xeroxed copies of it may be obtained from:

ERIC Document Reproduction Service, Leasco Information Products, Inc., P. O. Drawer O, Bethesda, Maryland 20014, U.S.A.

Preschool Learning Activities for the Visually Impaired Child: A Guide for Parents.

This book provides information on games and activities suitable for children 3 to 5 years of age. At the end of each section of the book there is information on materials that have been mentioned — the words of a song, the author of a book, information on where to buy a toy. The book is available from:

State Board of Education, Illinois Office of Education, Springfield, Illinois 62777, U.S.A.

Pebbles, Mops and Thimigs: Common Objects That Become Toys, by A. Calkin. This booklet is not specifically intended for use with visually impaired children. Nevertheless, many of the ideas can be used as they are or adapted. It points out that educational toys are not exclusively found in store toy departments. Common household objects can become toys. The booklet names objects, lists ways in which they can be used, and describes the purpose served by them. It is available for \$2.00 (U.S.) from:

Academic Therapy Publications, 1539 Fourth Street, San Rafael, California 94901, U.S.A.

Another source of toys is a *toy library*, which operates in a similar way to book libraries. Toys may be borrowed for a limited period of time and then must be returned. The library provides parents with access to a wide range of toys for their children. In addition, toy librarians are usually able to advise on the purpose of a particular toy and its suitability for a child. If you wish to know

whether there is a toy library in your area, or if you are interested in setting one up and want to know how to go about it, contact:

Canadian Toy Library Association, 70 McCraney Street East,
Oakville, Ontario L6H 1H4.

Books

Regular children's story books can be a source of enjoyment to a blind child provided you take care to explain information that may be conveyed in the pictures and to clarify points that may be outside of his range of experience. Texture books and "scratch and smell" books are also likely to be appealing.

"Scratch and smell" books are now published by several companies and should be available from large toy stores and good bookstores, especially those that specialize in children's books. Golden Press publishes a number of these books, such as *Max the Nosey Bear*. This book has different fragrance labels that a child can scratch to release such smells as toothpaste, cheese, and peanut butter.

When you make texture books, you should keep in mind that the textured pieces of paper and scraps of material do *not* serve the same function as pictures in a picture book. If you cut out the shape of a dog in rough material and stick it on a page it will not "look like" a dog to your child. He may learn that it represents a dog, but this will be because he remembers that that particular fabric was what you called a dog, not because the shape reminds him of a dog. A texture book is best used to learn about textures or about simple two-dimensional shapes (circles, triangles, squares). It can be of great interest to a child to try to remember where he felt a particular piece of material before or to think what it might be used for or what it feels like.

There are many regular children's books with bright simple pictures and large clear type that can be used by some children with residual vision. For this reason CNIB does not produce large-type books other than school books for young children. Some large-type books for young partially sighted children are printed in the U.S.A. A pamphlet entitled *Sources of Materials for the Partially Sighted* is obtainable from:

Instructional Materials Reference Center for Visually
Handicapped Children, American Printing House for the
Blind, 1839 Frankfort Avenue, Louisville, Kentucky 40206,
U.S.A.

Tapes and Records

Tapes and records of stories and songs can be a source of great enjoyment for your child. However, take care not to use them before your child is capable of actively listening to them and understanding what is on them. Passively sitting and hearing meaningless words can lead to the development of mannerisms and poor listening habits. Records of children's stories and songs can be obtained from most record stores. Tape-recorded stories can be borrowed from the CNIB library, which is located at the head office in Toronto.



Chapter 5 FURTHER READING

Information Relating to Children in General

Fraiberg, Selma. *The Magic Years*. New York: Charles Scribner's Sons, 1959.

This is a warmly written book on understanding and handling the problems of early childhood. It is available from many bookstores in paperback form.

Spock, Benjamin. *Baby and Child Care*. (Rev. ed.) Markham, Ontario: Simon and Schuster (Pocket Book), 1968.

This paperback is probably the best-known book on child care. It covers most of the day-to-day concerns of parents, and it is well indexed, thereby proving quick access to information.

Wingfield, E. & H. *Learning with Mother*. Loughborough, England: Ladybird Books (Ladybird "Under Five" Series), 1970.

The books in this series are small and well illustrated. They outline simply the basic steps in a child's development and the types of toys and activities appropriate for him. They are available from many bookstores and the book departments of the large department stores.

Information Relating to Blind Children

Adelson, E., & Fraiberg, S. "Gross Motor Development in Infants Blind from Birth." *Child Development* 45 (1974), 114-126.

In this article Adelson and Fraiberg report on a study in which the gross motor development of blind infants was observed and compared with the development of sighted infants. The journal in which the article appears should be available in most university libraries.

Fraiberg, S., et al. "An Educational Program for Blind Infants." *The Journal of Special Education* 3, no. 2 (1969), 121-139.

Fraiberg describes some of the "special hazards to normal development" that occur throughout the early developmental phases of the blind child and some of the ways these may be avoided. Although this article is a report of a clinical study, it contains little technical language, and parents should find it informative and interesting. The journal in which the article appears should be available in most university libraries.

Lowenfeld, B. *Our Blind Children: Growing and Learning with Them*. (3rd ed.) Springfield, Illinois: Charles C. Thomas, 1971.

This is one of the most useful books available to the parents of a blind child. It is written especially for parents and is straightforward and realistic in approach. Available through bookstores or public libraries.

McDonald, E. T. *Understanding Those Feelings*. Pittsburgh: Stanwix House, 1962.

This book quotes actual feelings and reactions of parents of handicapped children. Once stated, these problems are followed up by information, guidance, and suggestions for positive actions. A good bookstore should be able to order this book for you. It will also be available in some of the large public libraries.

Moor, P. M. *Toilet Habits: Suggestions for Training a Blind Child*. American Foundation for the Blind, Suggestions for Parents.

This pamphlet offers practical suggestions on how to promote good toilet habits. It is available from AFB, 15 West 16th Street, New York, N.Y. 10011, U.S.A.

Raynor, S., & Drouillard, R. *Get a Wiggle On*. Ingham Intermediate School District, 1975.

This amusingly illustrated booklet contains basic suggestions for helping the reader to assist visually impaired infants to grow and learn like other children. It is available from the authors at Ingham Intermediate School District, 2630 West Howell Road, Mason, Michigan 48854, U.S.A.

The Exceptional Parent.

This a journal for parents. It contains articles of interest to parents of children with a variety of handicaps. It is available from Psy-Ed Corporation, 264 Beacon Street, Boston, Massachusetts 02116, U.S.A. Subscriptions cost \$10.00 per year, plus \$1.00 handling costs for Canadians.

Ulrich, S. *Elizabeth*. Ann Arbor: University of Michigan Press, 1972.

This book contains a mother's account of raising a blind child together with a commentary on this experience by two professionals who had had extensive contact with the family. The book is available from most university libraries, the NIMR library, and some of the larger public libraries. A good bookstore should be able to obtain it for you.

Information Relating to Multiply Handicapped Children

Brock, M. *Christopher: A Silent Life*. London: Macmillan, 1975.

This book is written by the mother of a rubella baby. It tells of the struggles — the joys and setbacks — in raising a deaf-blind child. This book should be obtainable through a good bookstore.

Finnie, N. R. *Handling the Young Cerebral Palsied Child at Home*. (2nd ed.)

London: William Heineman Medical Books, 1974.

This paperback provides the parents of a cerebral palsied child with detailed advice and guidance on the home management of their child. It should be obtainable through a good bookstore.

Howard, M. *Positioning and Play Techniques for Children with Cerebral Palsy: A Parent's Guide*. (Rev. ed.) Toronto: Ontario Crippled Children's Centre, 1976.

This booklet demonstrates, by means of clear photographs, positions and movements that are helpful to the development of a cerebral palsied child. It may be obtained from OCCC, 350 Rumsey Road, Toronto, Ontario M4G 1R8.

Perske, R. *New Directions for Parents of Persons Who Are Retarded*. New York: Abingdon Press, 1973.

This beautifully illustrated book has been written for parents of retarded children "who seek to face the situation and deal with it in a creative way."

This paperback can be borrowed from the NIMR library and should be obtainable through a good bookstore.

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